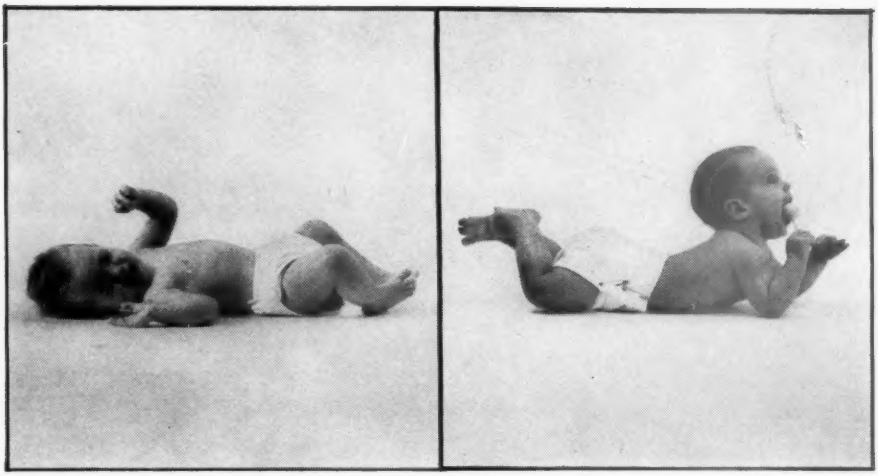
R.N.

a journal for nurses

April 1955

ITCHING . . .



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1. Lubowe, I. I.: New York State J. Med. 50:1743, 1950.

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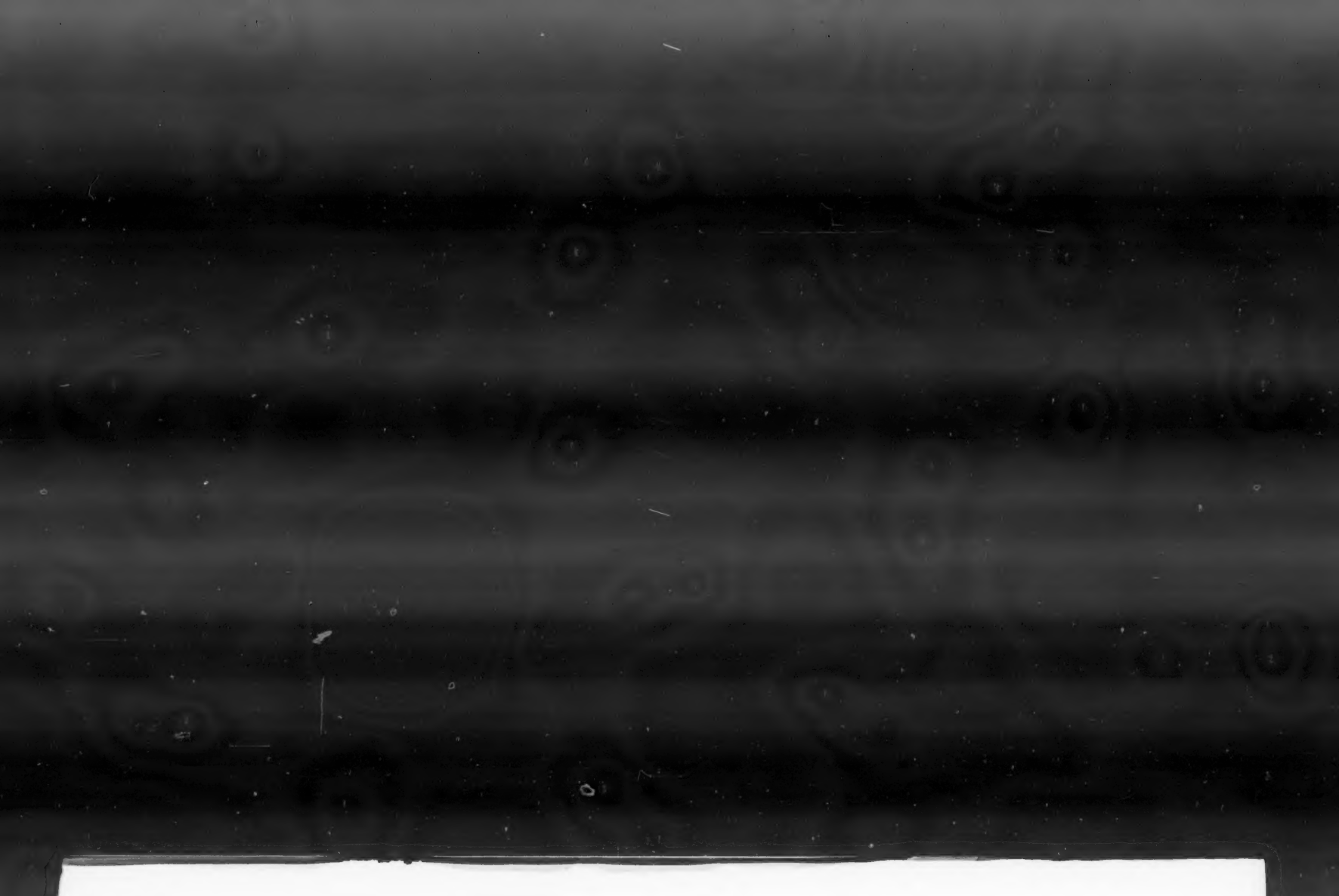

R.N.

contents

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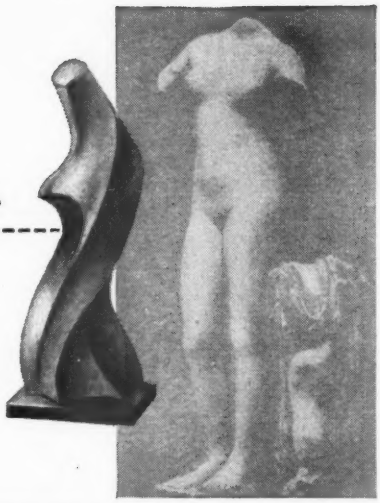

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References
(1) Kirby, W. M. M.; Waddington, W. S., & Doornink, C. M.: Antibiotics Annual, 1953-1954, New York, Medical Encyclopedia, Inc., 1953, p. 285. (2) Finland, M., & Haight, T. H.: *Arch. Int. Med.* 91: 143, 1953.

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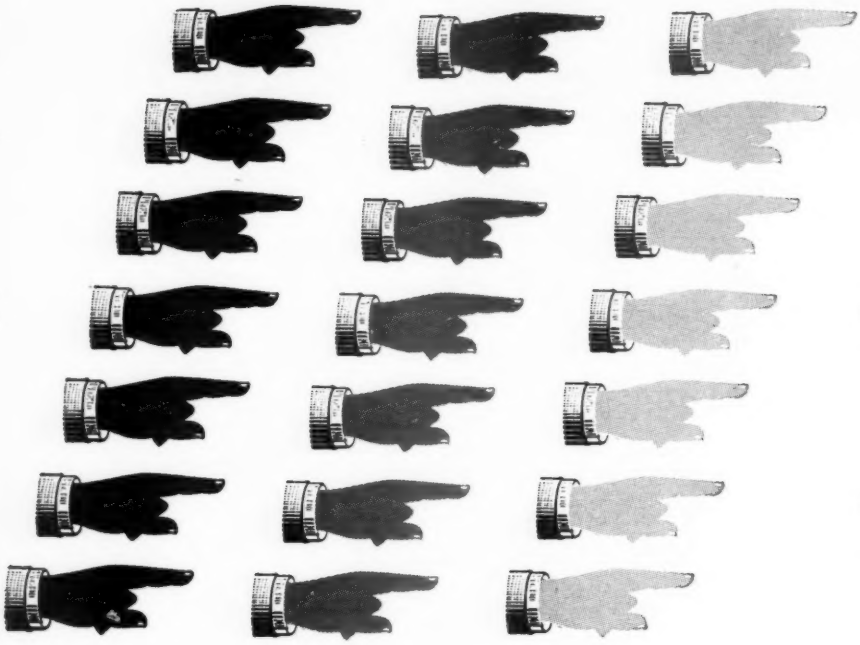

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Debits and Credits

Spirit of '55

Dear Editor:

I was very happy to see the letter, "Why I'm Not a Joiner," that appeared in *D & C*, November, 1954.

More power to H.E.J., and others who have enough fighting spirit to voice the sentiments of so many of us who for years have felt that the policies of the ANA and NLN were for a select few—not the majority.

H.E.J. sounds young and full of spirit, but shortly she will probably realize that you can't fight "city hall." She'll eventually become one of the three hundred thousand nurses who are fed up with these organizations.

R.N., CHELSEA, MASS.

Rural Isolation

Dear Editor:

I hope every R.N. reader who read the letter from the East Ely, Nevada, nurse in the November issue titled "Why I'm Not a Joiner," will also read "Seven Nurses Make a District," in the November *AJN*, telling of the activities of the nurses in Las Vegas, Nevada.

To me, the first nurse represents what we have too many of among employed R.N.'s—the "free-riders" still in the "horse-and-buggy age." The Las Vegas nurses get enjoyment out of promoting their profession and association, and have the respect of allied professions and the community.

I wonder if the nurse from East Ely would be an inspiration to any potential student of nursing? How can one expect to have a voice in an organization unless she is a member?

We are aware that nurses in rural areas do not have the contacts they should have with the ANA, SNA, and DNA. However, thought and study is being given to this problem.

Still, the final answer lies with the individual nurse.

AGNES PAULINE, R.N.
HELENA, MONT.

The "Real" Problems

Dear Editor:

I am sure the current discussions regarding the ANA will have a good effect as they are sincere expressions of our differences with an organization that has spread itself so thin it is no longer attractive to nurses.

I do not disagree with its policies, since I fail to see any beyond those granting privileges for a chosen few and decrying dissenting opinions.

Its indifference to registry mismanagement, its reluctance to investigate the questionable practices of so-called nurses and aides does nothing to sell it to those who are sincerely concerned.

We rushed in and licensed a group of "kitchen canaries" without effectively providing for the extent and

limitations of their use. No policy! No power! Never have so many owed so little to an organization.

Yes, I am an R.N., and member of the ANA, but slowly finding myself in competition that is degrading.

R.N., N.Y.

Retired But . . .

Dear Editor:

I would like to tell you how much I've enjoyed **R.N.** through the years.

As a head nurse, I used it repeatedly for educational programs on the wards. Later, as assistant to the director of nursing, I still used it.

Even though polio permanently retired me from nursing, I still like to know what's going on. I have found **R.N.** more unbiased than other magazines in the nursing field, and readier to present both sides of a controversy.

With editorials like yours and articles like Miss Geister's to stimulate other thinking nurses, surely we can pull through this period of "growing pains" and emerge with an organization representative of all.

Only united can we be the great profession that R.N.'s should be.

LOUISE FAVRE, R.N.
INDIANAPOLIS, IND.

Her Alma Mater

Dear Editor:

Your wonderful magazine is always a great source of enjoyment and information to me. Having been away from active nursing for a num-

PSORIASIS in children

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Case Report: M.S., a girl aged 8, was covered from head to foot with psoriasis scales. Except for her face, there was not a spot on her body that was free from the disease. It began at the age of 7.

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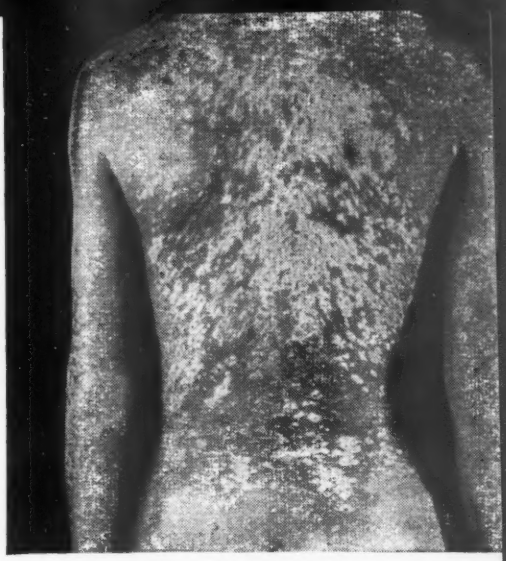

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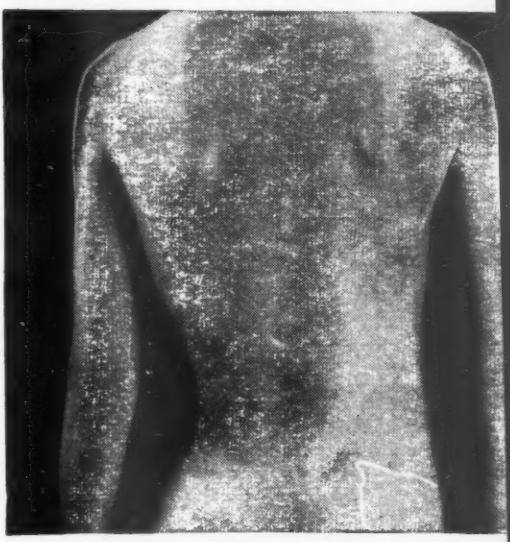

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RIASOL FOR PSORIASIS

ber of years, I have found much valuable material between its covers.

The June, 1954 issue was of special interest for on the cover was the pin, cap, and uniform of my own school, the Rhode Island Hospital School of Nursing.

Your magazine is very widely read, and its good work and success shall continue as long as there are nurses throughout the world.

(Mrs.) Marion N. Glassman
HICKSVILLE, N.Y.

Off Base?

Dear Editor:

Debits and Credits in recent issues has served as a sounding board for practical nurses. The editorial comment following a letter published in December, 1954 lamented the fact that not enough professional recognition is given to practical nurses.

If a practical nurse wants to increase her knowledge by taking special medical courses, or if her experience makes her more useful to a hospital, then she is entitled to more pay. But this is a problem for the hospitals and the practical nurses or their associations, and not one to be solved on the editorial pages of a professional nurses' magazine.

A registered nurse must train for three to five years, at a financial sacrifice, in order to gain her professional standing. If young girls are to be encouraged to continue to enter nursing, they must not see the results of this hard work nullified and their professional dignity usurped by the

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practical nurses. I have done private duty nursing at a hospital where there was no distinction between practical and registered nurses. The practicals wear identical uniforms, dispense medications, including narcotics, do private duty, and charge the rates of an R.N. If one hospital condones this practice, others do also.

If **R.N.** is to continue to be a journal worthy of its name, then it must take a stand on issues such as this. It cannot be sold to registered nurses and at the same time advocate less distinction between them and the practical nurse. In spite of the comments of the "famous nurse" quoted in your editorial comment, this professional distinction is created by the laws of our land which require registration. The stand your magazine takes is about as foolish as a pharmacist's journal worrying about the professional standing of soda clerks.

I know some very fine practical nurses and I have no quarrel with those who perform the functions for which they are trained, and will be the first to encourage them to obtain additional training to become registered nurses. Until they do this, it is the duty of the registered nurses, their associations, the hospitals, and **R.N.** to keep them in their place.

R.N., BOSTON, MASS.

[*We think a re-reading of our December editors' note is warranted in this case. Like the writer of this letter, the editors feel that good practical nurses who wish to become professional nurses should be able to do so. At the present time, to the best*

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of our knowledge, no accredited school of nursing will accept a student of an accredited school of practical nursing on any other than a straight beginning-student basis. This means that practical nurses cannot apply studies which they have already taken toward requirements for some of the courses required in professional nursing schools. This is the point the editors tried to make—that there is at present no provision for a progression from a practical nurse to a professional nurse level, by means of supplementary education.

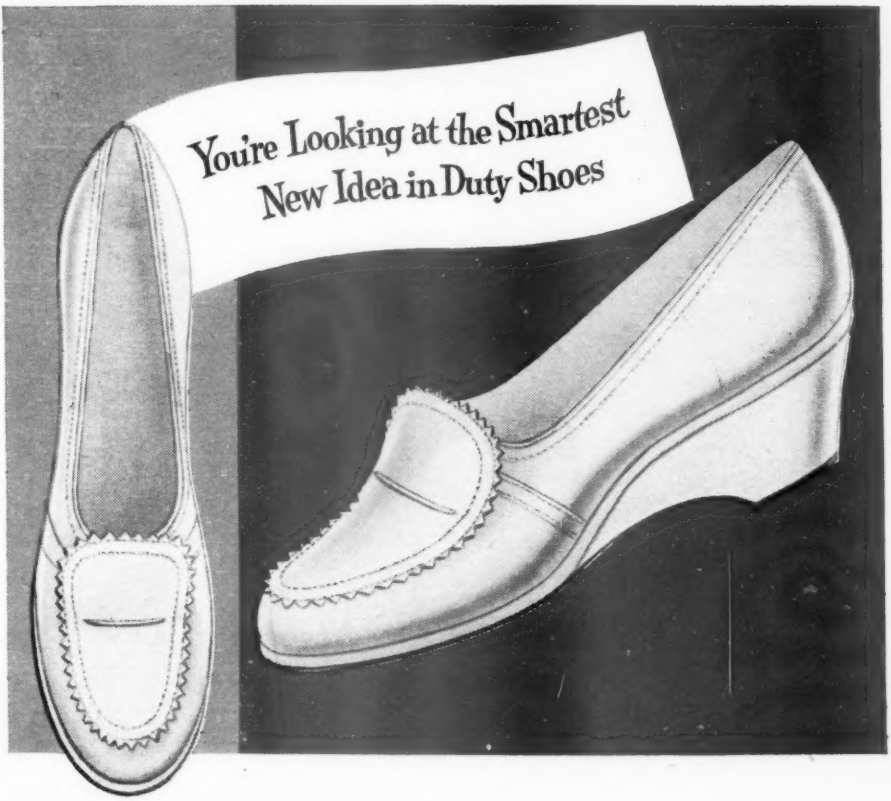
R.N. *does not advocate permitting practical nurses to perform duties which belong within the province of professional nursing. We are dismayed by the increasing tendency to give practical nurses just such duties. And in view of the ANA recommendation that the practical nurse work "only under the direct orders of a licensed physician or the supervision of a registered professional nurse," we are concerned by figures which indicate that practical nurses are not seeking positions where they work under such professional supervision.*—THE EDITORS]

Positive Thinking

Dear Editor:

Since your "why nurses are not joiners" and your "practical nurse" controversy are still going on, I'd like to add my comments.

First, I believe organized nursing should be thoroughly grateful to the "non-joiner" nurse for showing us her



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viewpoint. Only by examining this viewpoint can we hope to remedy an ailing structure. And, why not grant to the "non-joiner" the blessed privilege we exercise so vociferously for ourselves—the freedom to think for herself.

Secondly, I feel the practical nurse meets a need that could not be met by the limited number of graduate nurses. When this need no longer exists, the practical nurse could be absorbed—by additional education—into the professional bracket.

It is my sincere belief that we can best eliminate what we dislike about a profession, by concentrating on what we want it to be—rather than on what we don't want it to be.

R.N., TEX.

The Age For Learning

Dear Editor:

Do practical nurses really believe that older women can learn in one year what it takes girls just out of high school three years to learn? On the contrary, young persons can learn more quickly; they are accustomed to studying. And does T. A. really think that a one-year course in practical nursing is equal to a three-year course in a professional nursing school? Preposterous! This again proves the adage, "A little knowledge is a dangerous thing."

I must admit that with the nursing shortage, there is a place for practical nurses. But, let them know their place!

VADA J. JENKINS, R.N.
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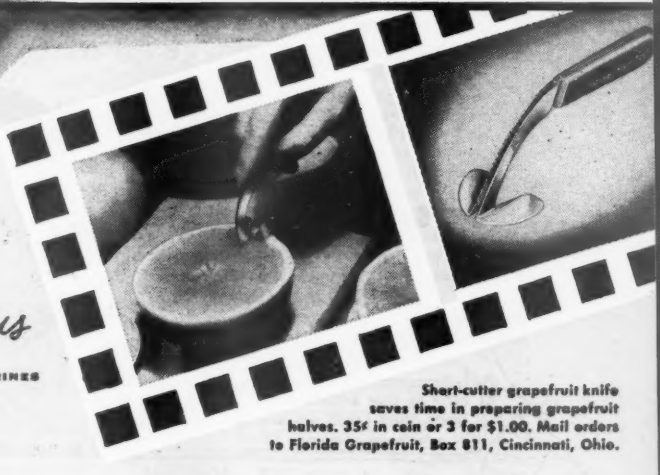

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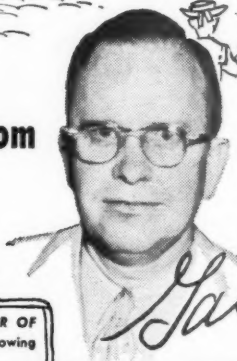

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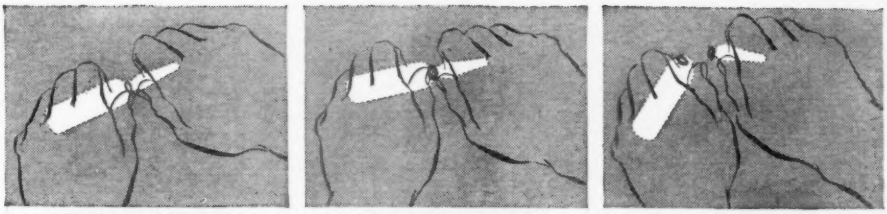

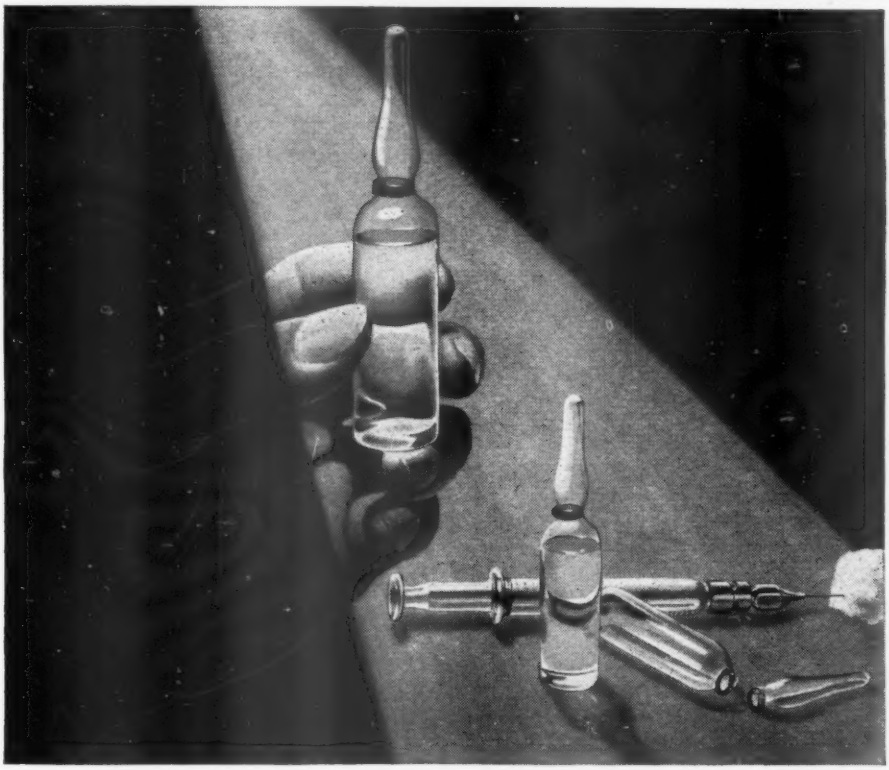

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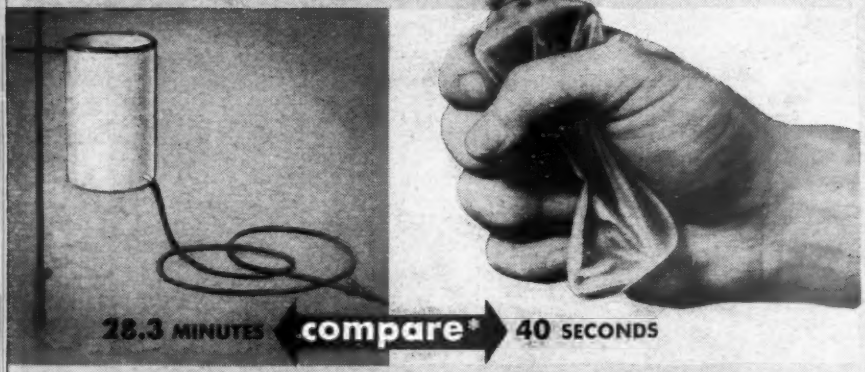

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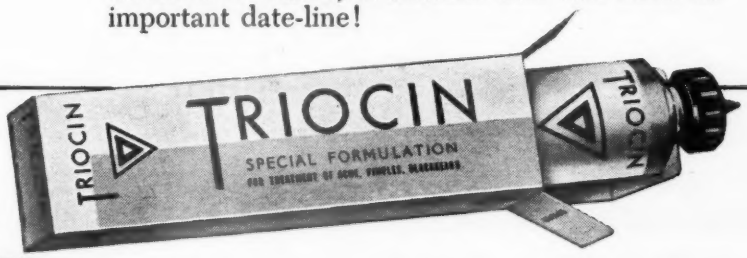

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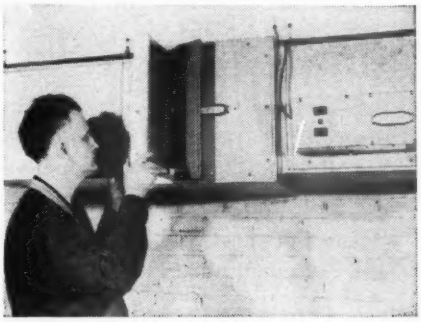

➤ The workman shown here is installing a mechanical filter of Dustronic air cleaner in a warm air furnace to trap dust and other elements before air is blown into living quarters. According to the manufacturer, Dustronic can be used in any room, and will particularly benefit hospital patients or those who suffer from airborne irritants. Dustronic is produced by the Radex Corporation, 2076 Elston Ave., Chicago 14, Ill.

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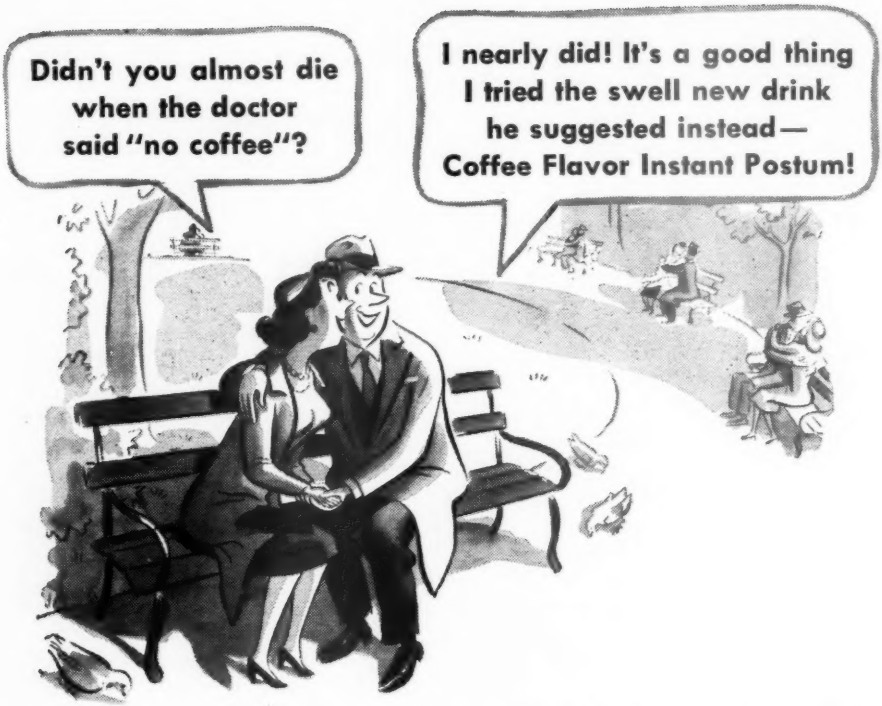

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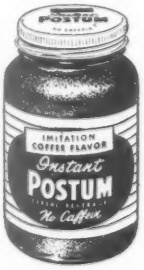

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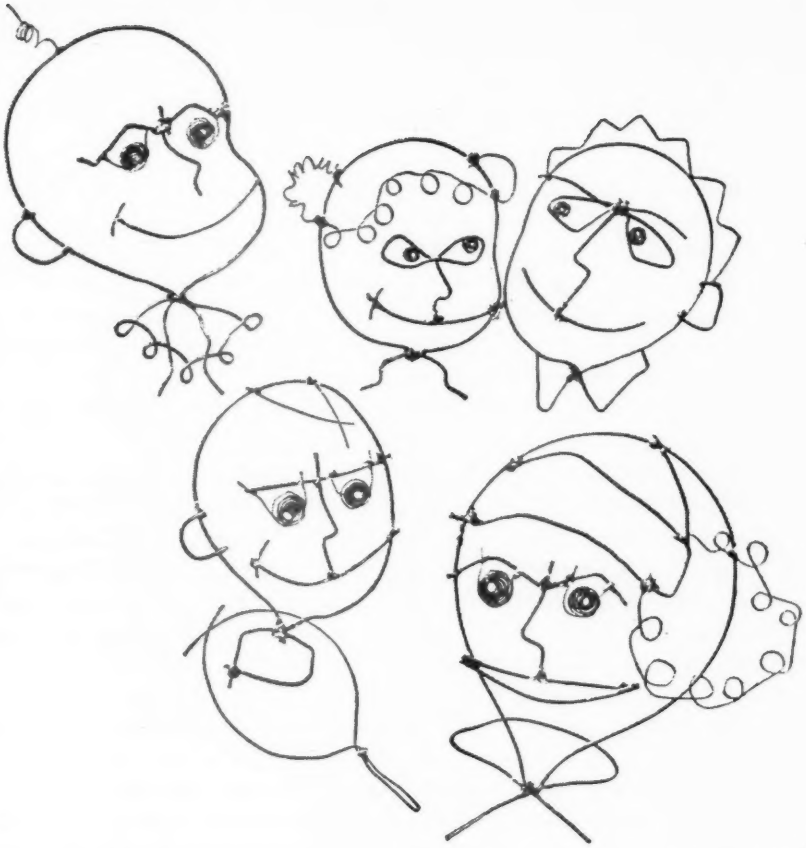

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1. Oberman, J. W., and Burke, F. G.: M. Ann. District of Columbia 23:483, 1954.

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Our Valley of Indecision

■ CURRENTLY, A STRANGE uneasiness about the future seems to emanate from nurses and nursing groups. It is obvious that a shift in philosophy has gradually taken place somewhere, sometime, and the future of nursing has become a blurred composite of many ideas, with disagreements outweighing agreements. The profession appears to be walking leaderlessly in a valley of indecision between historical peaks of achievements.

What changed these philosophies? When the balance wheel in a watch is out of kilter, so is the watch. The cause of our uneasiness could well be the result of ill-advised tampering with the profession's balance wheel—the device that keeps the watch—or the group—true to its purpose despite outward changes in conditions and climes. Powerful changes in our scientific and cultural worlds have wrought great changes in our preparation and practice. The balance wheel that holds the profession in true equilibrium lies in the quality of its leadership.

The balance wheel of a watch, like the human spirit, is built for long, hard service. But both are extremely sensitive to unnatural conditions. We must ask: Is nursing in the unnatural condition of being more ambitious for the profession than for the cause it represents? Has the nurse's separation from the patient through the new theories on patient care brought about this instability in the profession?

By the score, elected and appointed "leaders" walk across the stage of our professional life, some to linger longer than others, some to shine more luminously. In the end, they pass from leadership, some to oblivion and yet others to our enduring gratitude for the courage and power of their convictions and their selfless interest in supporting them.

The great leaders of the past lacked nothing in ambition for the profession—indeed, without their burning faith in the mission of nursing the profession never could have achieved its present important status. But their eyes never moved from the center of

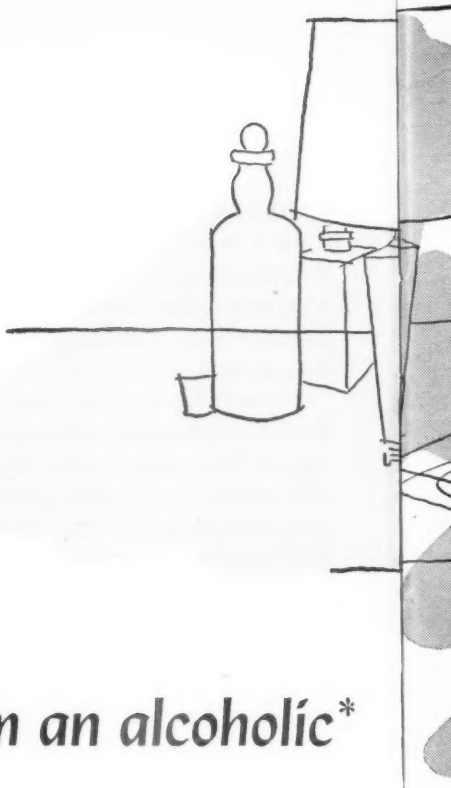
interest, the patient; they stayed close to him and needed no formal reports on statistical charts to understand his needs. "In the changes we must always face," said Ella Phillips Crandall, "we find the right way only when we remain close to the reason for our being." We gain our true fulfillment when we remain selflessly devoted to our true cause.

No nursing historian can tell us that the Nuttings, the McIsaacs, the Crandalls, and others were not overwhelmed by some of the decisions they were called upon to make for themselves and their profession during their careers. But they were courageous women and went ahead and did the best they were capable of doing; and their best has survived. Their names have come down to us as examples of brave, unselfish leaders.

Plateaus are inevitable in any growth; they are a part of it, but when they appear to reach out into a confused horizon, we can't help but be deeply concerned. We are acutely aware that many of the contemporary decisions for the direction of nursing, in this period of radical departures, were made too fast, too prematurely, and in too many instances, were based on superficial evidence.

As a consequence, there are growing dissatisfactions and recriminations among nurses. And this disaffection is shaking the faith of some nursing leaders in their own particular panaceas for nursing's future. Hence their increasing reluctance to expose their thoughts to open criticism—or to claim responsibility for doubtful past decisions. But no one demands infallibility, only sincerity, selflessness, and courage. It takes only a general knowledge of history and social progress to recognize that it is human fallibility that causes leaders to push to the extremes. "Error is but opinion in the making," said Milton. It is a big soul that acknowledges error more readily than applause—and thus gains immeasurably, within and without.

The leadership that fires us to action "beyond the call of duty" isn't born of academic degrees or favorable elections. Leadership is born out of minds disciplined to work out [*Continued on page* 62]



I am an alcoholic*

■ FEW SENTENCES in English, or in any other language, have precipitated more tragedy than that well-meant and oft-repeated phrase of the social drinker, "Why don't you just have a few, and then leave it alone?" Once an alcoholic takes the first drink *he can't leave it alone!*

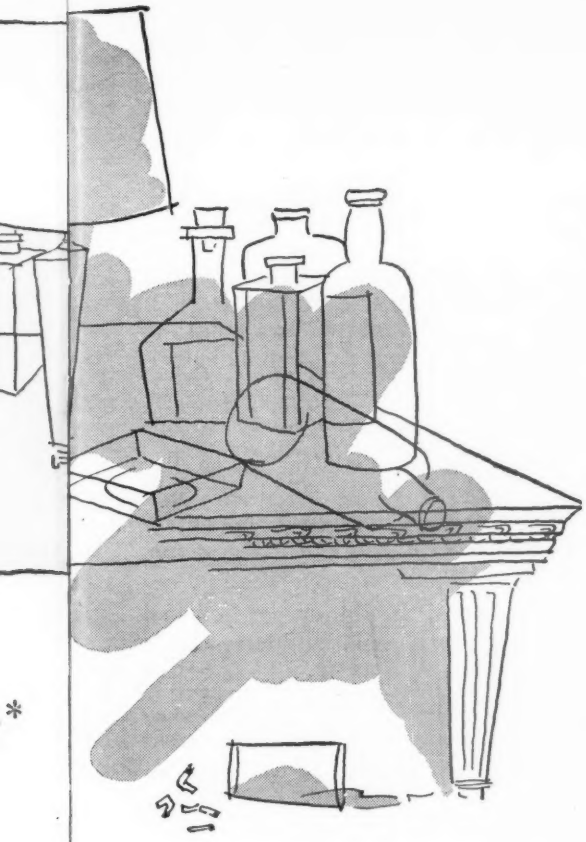
You will notice that in the title of this article I use the verb "am." I am one of the lucky alcoholics—through the help of Alcoholics Anonymous, I got off the downward ramp in time to salvage much of what I would have lost if I had continued drinking. Nevertheless, I, like all other alcoholics, will be an alcoholic until I die.

There is no such person as an ex-alcoholic because alcoholism is a disease. There are varying methods of treatment** for the disease at present, but there is no sure cure. I have learned from bitter experience that an alcoholic, no matter how long he has been dry, is only one drink away from a drunk. It is the first drink which makes an alcoholic drunk, because it is the first drink which sets in motion a cycle of compulsive drinking. One of my closest friends in AA had had thirty years of sobriety when he fell prey to the idea that after such a long abstinence he could once again drink socially. He took two drinks which resulted in a three-week binge that almost cost him his life and from which he has not completely recovered. He now realizes fully the importance of not taking the first drink.

Humanity should be eternally grateful to the psychiatric profession for being the first to discern that alcoholism is a disease. In spite of the many theories which have been pro-

*In conformity with AA principle, the author remains anonymous. All views expressed in this article are those of the author and not those of Alcoholics Anonymous.

**R.N., March, 1953, page 40.



pounded by both the psychiatric and medical professions there is only one known fact about alcoholism, namely, that it is an incurable disease of unknown origin which grows progressively worse. Personally, I go along with the theory advanced years ago by the renowned physician who attended the co-founder of AA, and who dedicated his life to the care and treatment of alcoholics. It was his belief, and it is mine, that an alcoholic is born an alcoholic, that for a certain length of time his system can tolerate alcohol but that suddenly the balance is thrown off and he crosses the line from so-called social drinking to uncontrollable compulsive drinking.

My drinking career began when I was twenty-six years old. I had had plenty of opportunity to drink at an earlier age—I went through college in the hip flask days—but I abstained, probably due to the influence of my parents, a religious and temperate couple. However, I was popular and socially-minded (I am a woman). Eventually, I became a social drinker.

I drank socially for a period of twelve years. During that time I never desired a pick-up and never experienced the shakes or the jitters. In other words, during that time I was able to manage my liquor; my liquor was not managing me. I still remember vividly the first time I awoke with a bad case of the inner shakes, a feeling of general weakness, and the terrible need for a morning drink. Only another alcoholic can understand days and nights of compulsive drinking, without food or sleep, the ensuing illness, the remorse, the writhing nerves, the bitter loneliness.

During my active drinking career, my well-meaning friends and relatives—no one of whom was himself an alcoholic—all professed to under-

stand, *but they didn't*. I shall never forget the endless torrents of words, the theories projected upon theories, the pleading, the coaxing, the threats, and the advice. And through it all that eloquent phrase of F. Scott Fitzgerald ran round and round in my head: "Why is it always three o'clock in the morning?" *Was there no one who understood?*

Was there nowhere a human being who could take my hand at three o'clock in the morning in the impenetrable forest of loneliness and say to me: "Peace, be still. Unto me is given the power to heal you and bring you out of this dark, forbidding place into God's sunshine." Through the grace of God I met that person in the form of the alcoholic who took me to my first AA meeting.

At first, I thought I had some physical ailment that was making it impossible for me to drink as I once had, and I wanted to get better simply so that I could drink again. I called in a doctor. He ordered phenobarbital for my nerves and assured me that I would be fine. I called another physician who advised my family to have me committed to the local state hospital for the Antabuse treatment. I knew nothing about the AA and he never mentioned it either to me or to my family. Finally I was committed to a mental institution.

When, at the end of three months my day of discharge came, I had to promise to contact AA. Nothing was explained to me about the fellowship, but I would have joined just about anything to get out of the "snake pit" in which I had been confined. My attending psychiatrists sent me away assuring me that I was a normal, healthy, intelligent woman. Intelligent enough, they said, to understand that I must never drink again —that I must never, never risk taking so much as a single drink. I thought that *they* were crazy.

I left the hospital feeling that the whole world was against me. I knew that I was not insane, and I did not believe that I was an alcoholic either. A female alcoholic, I thought, was some poor soul who used vice to garner drinks and who slept in flea houses. I frequently sat up all night drinking, true, but I was far, far removed from a gutter. I had a home, a job, and money enough to buy my own drinks. I still firmly believed that there was something wrong with me physically and the doctors had not been able to diagnose it.

The psychiatrists who attempted to help me dabbled at great length in the resentment and escapist theories that have been propounded about alcoholism. In all honesty I can say that I do not believe I was ever a particularly resentful individual. I cannot go along with the escapist theory in my case either. When I crossed the line from social to compulsive drinking I wasn't faced with any herculean problems or responsibilities. *I loved life. I was running toward it—not away from it.* Drinking for me had once been one of the good things of life. It had taken its proper place in a well-ordered social existence along with good food, good clothes, good entertainment, and good company. The theories of

resentment and escapism may apply to some alcoholics. I don't know. And I'm not in a position to say.

It had not yet occurred to me that I was powerless over alcohol. I still believed in that fallacy common to all alcoholics: I believed that some day I would once again be able to drink like a lady. Each *next* time I was just going to have a "few." I did not yet realize that it was the first drink that was my undoing.

Every alcoholic reaches his own personal bottom—the point where he realizes he must do something to stop drinking. I was not at the end of my rope morally when I joined AA following my discharge from the sanitorium. I was just simply sick of being sick. My personal skid-row was my living room cocktail table at four o'clock in the morning, cluttered up with cigarette butts and empty bottles—and my kitchen table at six o'clock in the morning cluttered up the same way, with rows of coffee cups bearing mute witness that I could not keep down black coffee to try to "get off the stuff."

I was by no means "broke." On each binge I had ample funds to keep drinking for a long period of time, probably years, because I am comfortably and securely fixed financially. But eventually, after five, six, seven days, or two weeks, I would

reach a point where the finest liquor wouldn't stay down even though my nerves were screaming and writhing for a drink. And then began the slow and seemingly eternal road back, the jitters, cold sweats, my dirty personal condition when I was too weak to wipe my brow, all the personal and business appointments I had missed, all the concern and anxiety I had caused my family and friends, but most of all the self-recrimination and the loss of my own self-respect. That was my skid-row.

At my first AA meeting, I learned that all I needed to remain sober was a sincere desire to stop drinking. I also had to believe in a power greater than myself, and for me that was easy since I am a firm believer in God. But the alcoholic who does not believe in God can place his belief in any power at all greater than himself; it may even be the fellowship of AA. We preach no dogmas, and acceptance of dogmas is not a requirement for AA membership.

The answer to the problem of alcoholism lies in total abstinence—a thought no drinking alcoholic cherishes, I know. But AA put it to me this way: Stay sober just for twenty-four hours at a time. Give this program a whirl for ninety days and then, if you don't like it, the bars will still be there. They told me if I couldn't stay dry for twenty-four hours to cut the time down.

In the early days, I avoided walking past bars in the morning on my way to work. I dashed right home at night. I was dry, yes, but I didn't know the meaning of the word serenity. I felt sorry for myself when other people drank and I couldn't. I had been dry for four months, and was in fine shape physically, when I sold myself on the idea that if I just drank beer I could get away with a few glasses. It was a hot summer night when I started. I drank beer for four days and nights; then I switched to Scotch for three days and nights. Eventually, I was so ill I prayed for death.

I returned to AA as soon as I could walk and I became active in the program. Today I am a serene and happy woman. My greatest joy is found in helping other alcoholics. My life as a sober alcoholic and an active member of AA is richer, nobler, happier than at any time during my drinking days. Best of all, I know that no one can ever wrest this happiness from me except myself and I can do that only when I forget not to take the first drink.

On a subject such as this, nurses are frequently approached before doctors. I, therefore, believe it is important that you understand the point of view of the alcoholic—both the drinking alcoholic and the sober one who is a member of AA.

If you come across a patient who is worried about his drinking, tell him that guidance, answers, and help are as close to him as his telephone directory. AA has no membership dues or fees, no rules or regulations. AA members are not reformers or crusaders; they are simply the people he once drank with, but they are sober and happy now, thanks to AA and the grace of God.

CANDID COMMENTS:

by James M. Reiter

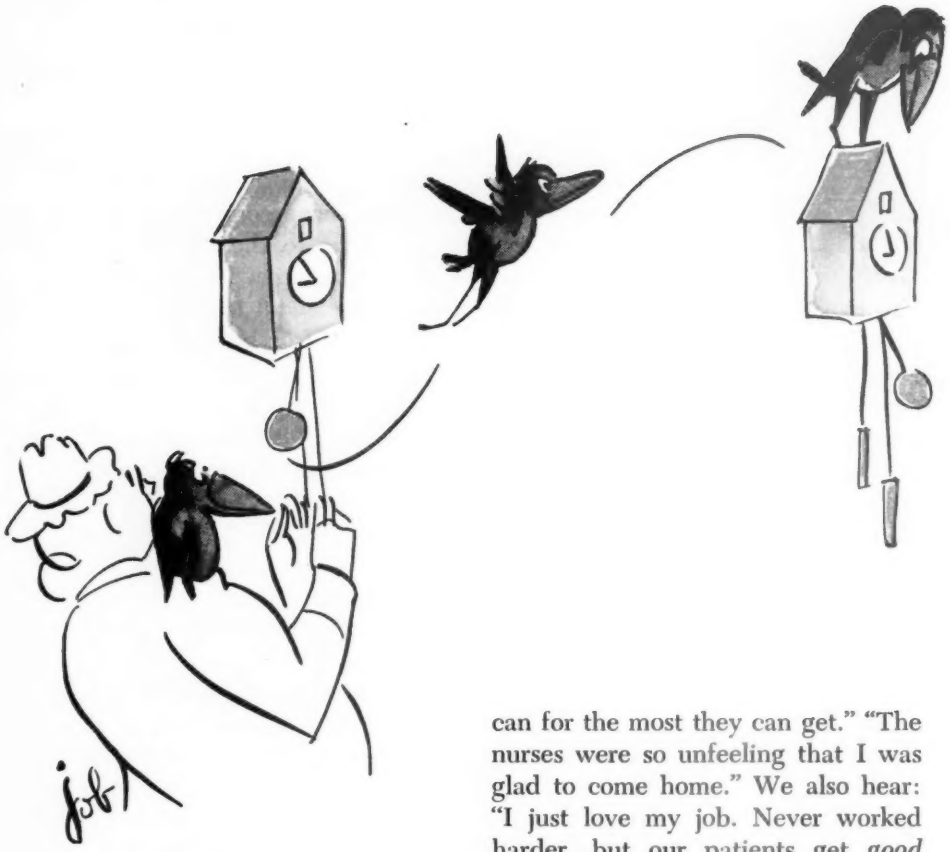
Have Nurses Changed?

■ A PRIME QUESTION in today's efforts to evaluate the effect of the changes that have come to us is: What have these changes done to the individual nurse? It is a very important question for, regardless of everything else that is different, the patient still looks to the nurse to be his special protector, helper, and friend. In a hospital magazine we come upon the statement, "nursing is in a state of torturing transition," a statement that on second thought does not seem overstrong. Nurses have been abruptly plunged into a distinct new era; naturally, we are shaken. Some of us are dragging our feet; some are so "advanced" that we speak a new language; and many of us are hanging onto our hats, moving with the wind but determined not to be thrown off-balance by it.

The effect of the changes on patient care and nurse morale is too diverse for any generalization. We know there have been losses and gains. On the credit side, we know that physicians and surgeons could not attain their imposing successes without the support of highly competent nurses. Every day, patients who were carried into hospitals almost moribund go out on their own feet, each with the mark of good nursing, as well as good doctoring, upon him. We know that nurses are a strong force in the shining successes of health work in schools, industries, doctors' offices, homes, and wherever there are health programs. On the debit side, we know that a lot of patients are inadequately nursed, and that there are nurses who slog along from one pay check to the next, utterly untouched mentally or spiritually by the real meaning of nursing.

What effect however, have the general dissatisfactions with today's conditions had on the integrity, good will, and actions of the majority? No one can doubt that many nurses are disheartened by the losses patients have incurred in care, by what they believe are unsound trends in education and practice, and by the feeling that nurses have become automatons, rather than people.

But no one, outside of self, can know what goes on in the human



heart, and thus no one can judge how much others have lost or gained. We can only judge by what appears on the surface, and the story here is so varied that generalities are out of order. Go where you will to any group and you hear just about everything: "Nurses don't want to do bedside nursing." "They work only for the pay check and do as little as they can for the most they can get." "The nurses were so unfeeling that I was glad to come home." We also hear: "I just love my job. Never worked harder, but our patients get *good* care." "Our nurses are a grand lot. They've stood by through thick and thin." "I was dreadfully sick, but never with all my seven babies have I had such wonderful care before—and in a little hospital no one fifty miles away ever heard of."

The only true answer must come from within the nurse herself—to herself. She is the only one who can examine her own conscience. Is she

taking out her frustrations on the patient? Has she become so self-centered that she's forgotten, or never learned, that nursing is more than a way of earning a living? That there is a sacred obligation in any work dealing with human life? That every nurse who puts on a cap and accepts a school pin dedicates herself, and that no circumstance frees her from a deep reverence for the lives of others?

No one would deny that there are things wrong, some of them grievously so. How could it be otherwise in the very immensity and variety of the changes that brought a "torturing transition"? While the majority of people engaged in hospital and health work are high-minded, there are bound to be some who exploit the "emergency" or "nurse shortage" with a callous disregard for both patient and nurse welfare. I don't

believe, for example, that anything has damaged morale more than the intemperate and inappropriate use of non-professional workers in some of the most sacred realms of nursing care. Of all the wrongs I've seen in many years, this is to me the most arrant.

The situation has been complicated by some of our planners whose ideals cannot be questioned, but whose ideas of efficiency and economy have helped separate the nurse from the patient. We are learning that the job of nursing care cannot be divided along the lines of efficiency and economy found good in making *things*. The complex human doesn't divide that way. Further, a very important fact has been overlooked. Among workers, especially in the professions where cash rewards are often pretty thin, a part of the reward *must* be in satisfaction with a job well done; a sense of having participated in something vital, and ever so worthwhile.

"A profession is a permanent assignment to some sector of human need," says Professor Robert Redfield, University of Chicago anthropologist, "to enter one of them is to commit yourself to a responsible position in some long series of troubles and crises. When the cry goes up, you will be there." Nurses have never failed the cry—in everyday events and in emergencies. That kind of dedication must furnish a variety of rewards. There are intangibles in nusing care; so are there intangibles in nurses' "pay."

The one thing the good nurse

Science Shorts

An article in the August, 1954 *American Review of Tuberculosis* suggests that TB patients continue drugs "for life" to avoid the danger of relapse. Of fifty-two patients receiving streptomycin, para-aminosalicylic acid (PAS), and isoniazid in various combinations for 13 to 32 months, none had a relapse, and neither bacterial resistance nor side-effects were serious problems.

■

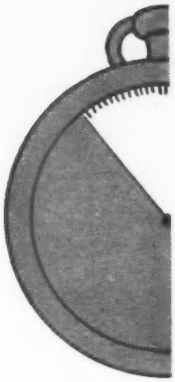
A theory about why some men get folliculitis in the bearded area of the face is advanced by Dr. Gibson E. Craig in the January, 1955 **Archives of Dermatology. *Dr. Craig blames the men—or their barbers—for shaving "against the grain," thus encouraging "ingrowing" hairs which inflame the skin.***

■

Balanced programs of good TV and comics plus time for more valuable activities such as reading is advised by Paul Witty, Ph.D., in the February, 1955 issue of *Today's Health*. Dr. Witty has found that televiewing and comic book reading are not closely related to youngsters' intelligence or scholarship, but he is alarmed by the influence of morbid and tension-inducing TV programs.

■

A new insecticide, DDVP (Dimethyl Dichloro Vinyl Phosphate), is described as more potent in killing insects and less toxic to humans and farm animals than many other insecticides. DDVP may be of greatest value where flies and insects develop DDT resistance.



holds precious above all else is a sense of fulfillment, of doing what she came to do—take care of sick people. In earlier years I saw many nurses working long hours for miserable pay. There was discontent then, of course, but nothing like the amount that welled up when job satisfactions went out of the window. "Quantity of work achieved without quality is always a source of dissatisfaction to the intelligent person," writes Elizabeth Nesbitt in *Library Trends*. Enlightened management in every area strives constantly to maintain job satisfactions, for wise men know that a basic feature in high morale is the worker's belief that he has helped create something.

We cannot expect today's nurses to follow the simple pattern of life of the past, but only its ideals. Today's nurses are different in outlook; they have more outside interests, more personal life and responsibilities, more ways to spend money, and thus greater need for earning it. They face more conflicts too in everyday living as world tensions mount and our occupations become more highly organized. Each generation must establish its own pattern of life.

But I believe that in the fundamentals, the majority have not changed. It wasn't we veterans in nursing who brought new glory to the profession through devotion, skill, and sacrifice in Korea. Nor is it we veterans who under WHO and similar auspices go to strange lands to work under extremely primitive conditions. [*Continued on page* 69]

The head gets 63 per cent of the injuries in car crashes, according to Dr. Jacob Kulowski of St. Joseph, Mo., an authority on traffic accidents. If you see a crash coming, says Dr. Kulowski, put your arms on the dashboard and cradle your head in them. In his opinion, cars need padded dashboards, more flexible windshields, telescoping steering posts, and much less engine power.

■

Reserpine, a derivative of the Indian root Rauwolfia serpentina, used successfully in treating mental disease and high blood pressure, is reported helpful in combating sickness caused by withdrawal of narcotics, according to studies conducted at the Chicago Police Headquarters in Chicago, Ill.

■

An electronic machine that induces hypnosis through audio-visual stimuli is the invention of Neil Slater of Chicago, Ill. The device, equipped with a telephonic headset and light projector, has already been tested in one hospital to ease pain in childbirth. Pain-relieving suggestions to the patient can be given by the doctor or the dentist before or after electronic relaxation.

■

There's little or no difference between hot or cold applications for inflammation and pain, it is concluded by Dr. Abraham Possoff in the* Journal of the American Dental Association *(February, 1955). Research included sixty patients who underwent dental surgery.

FEVER—

FRIEND OR FOE?

■ FEW MANIFESTATIONS of disease are more dramatic than fever or more alarming to the layman. Doctors, too, have long been schooled to think of fever as a fiery enemy to be fought with every weapon at hand. Bringing body temperature back to normal was long believed the way to cure an illness, and the names of many dangerous diseases—yellow fever, scarlet fever, typhoid fever—reflect the common misconception that fever and infection are one.

Yet, it is now known that fever is only a symptom, and may at times occur in the absence of sickness. And recent research indicates that fever may even be a useful defense mechanism, helping the body to fight invading pathogens.

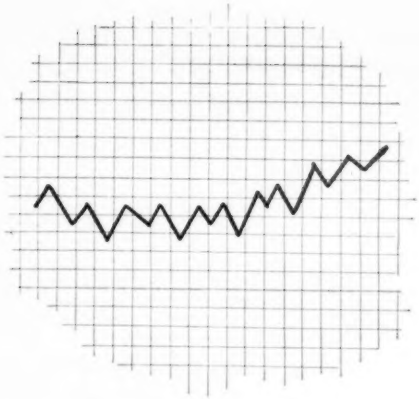
What then is the significance of fever and to what extent should

by Morton J. Rodman

fever be controlled? To determine whether fever is beneficial or harmful and to know how far we can go in combating it, we must first understand the complex mechanisms which regulate normal body temperature.

Normally, the temperature of man and other warm-blooded animals remains remarkably constant despite exposure to extremes of environmental heat and cold. This constancy is the result of a delicate balance between the factors that influence heat production and those that induce heat loss. Body heat is produced mainly by the burning of the food we eat and by the contraction of our muscles; heat is lost to the surrounding atmosphere by various physical processes including radiation and evaporation.

Like the loads on the two pans of a scale, any tendency for the factors on one side to be increased is immediately counterbalanced by the addition of an equalizing weight to the other pan of the balance. For example, if muscular exercise increases heat production, the influence of this factor may be counteracted by several processes that increase heat loss. The skin may become flushed as its vessels dilate to receive blood shunted to them from the warmer interior of the body. Additional heat may be lost when the sweat glands are activated to pour their fluids out on the skin surface. Evaporation of water from the wet skin removes huge amounts of excess heat if the atmosphere is sufficiently dry. If, on the other hand, heat is being lost too rapidly in a cold environment, the body puts into play mechanisms for lessening the loss of heat and stepping



up heat output. Constriction of cutaneous vessels reduces the rate at which heat is dissipated, while shivering and other involuntary muscular tensions may markedly speed up the pace at which the body generates heat.

All of these delicate physiological adjustments to every slight shift in atmospheric temperature and humidity are under the continuous control of a regulating center in the hypothalamus at the base of the brain. This center vigorously resists all the external influences that tend to push body temperature in either direction away from normal. (While "normal" temperature may range between 97 and 100 degrees in different people, the variation for any individual is relatively slight under ordinary conditions.) The center, which is apparently set like a thermostat, reacts to tiny changes in the temperature of the blood brought to the brain and to messages received from receptors in the skin and elsewhere in the body.

In fever, for some reason that is still not well understood, the thermostat is reset temporarily at a higher level. Many different physical, chemical, and even emotional factors may be responsible for this sudden change in the level at which body temperature is regulated. "Physiological" fever may result from something as simple as playing several sets of fast tennis on a hot day. Occasionally, worry or fright may raise body temperature a couple of degrees—a phenomenon known as "psychogenic" fever. Also, artificial hyperthermia may be produced for therapeutic purposes by hot baths or by the application of high frequency diathermy currents or short-wave radio waves.

Most fevers, however, are the result of the response of a healthy body to infection and, in any serious illness of microbial origin, fever, within certain limits, may even be required for recovery. Such fevers are thought to be caused mainly by the toxins liberated by some organisms and by the breakdown products of bacteria destroyed by the body. Tissues injured by invading organisms or by burns and other trauma may also release small amounts of pyrogenic substances into the blood. Carried to the regulatory centers in the brain, these chemicals are believed to trigger a hyperthermic reaction that may be beneficial in various ways in fighting off the invaders.

It is believed, for example, that fever may raise the resistance of tissues to disease by speeding up the rate of cellular oxidation. The accelerated respiration and circulation in fever enables the cells to

meet the increased oxygen requirements and to rid themselves more readily of metabolic wastes. The effects of fever on elements of the circulating blood may also be beneficial. White blood cells damaged in fever apparently release a substance that stimulates the increased production of the leucocytes that are one of the main mechanisms of body defense against infection. There is also some evidence that fever may aid in the formation of immune antibodies that fight further onslaughts of disease organisms.

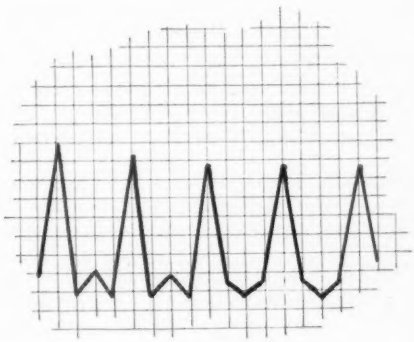
The realization that hyperthermia may be helpful has led to the development of therapeutic techniques that use fever as a means of attacking disease. Certain microorganisms, including the gonococcus and the treponema of syphilis, can be killed by exposure to high heat. Since patients can tolerate such temperatures for several hours, fevers of 104 to 106 degrees are induced artificially by inoculation with malarial parasites, intravenous injections of typhoid vaccine, or by physical means. Courses of fever treatment have proven especially effective in patients with paresis and other types of neurosyphilis that are not readily responsive to penicillin therapy.

In addition to the possible usefulness of fever in increasing resistance to infection, another reason for the reluctance of modern medical men to reduce fever too hastily is its value as an aid in diagnosis. Since fever is often the first sign of a pathological process somewhere in the body, and many infectious diseases show characteristic fever patterns, much may be learned by inspecting a patient's temperature chart.

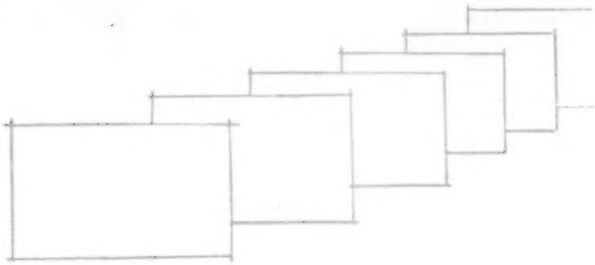
Early pulmonary tuberculosis, for instance, may be detected by a persistent low grade fever that rises gradually from a relative low in the morning to a high point in the late afternoon. In typhoid fever, a step by step rise of about one degree a day to a prolonged plateau at around 104 degrees forms a distinctive pattern that finally breaks back to normal in a series of wide swings during the recovery period.

A "steeplechase" pattern may show up on the charts of patients suffering from pyelitis, endocarditis, and some types of tuberculosis. The most typical fever tracings of all are those seen in malaria. Here, paroxysms of chills and fever occur with regularity every other day or every third day, depending on the life cycle of the particular type of parasite infecting the victim's red blood cells.

Chills, of course, can also occur in pneumonia or in any of the other illnesses in which the onset of the infection oc- [*Continued on page* 65]



Drug Digest



NYSTATIN (Antibiotic)

PROPRIETARY NAME: Mycostatin

PHARMACOLOGY: Nystatin is used for the prevention of fungal infections of the gastro-intestinal tract in patients undergoing prolonged treatment with antibiotics that are active against intestinal bacteria. Prophylactic use of the drug may prevent the intestinal inflammation, diarrhea, fissures, and ulceration that sometime occur when broad-spectrum and other antibiotics change the character of the intestinal flora and cause an overgrowth of resistant monilial organisms.

DOSAGE: The drug is given in doses of 500,000 units three times daily as long as the broad-spectrum antibiotic is being administered, and sometimes in higher doses for a while longer.

UNTOWARD ACTIONS: No serious systemic toxicity or sensitivity has been seen following oral administration of Nystatin. However, occasional mild gastro-intestinal upsets may occur.

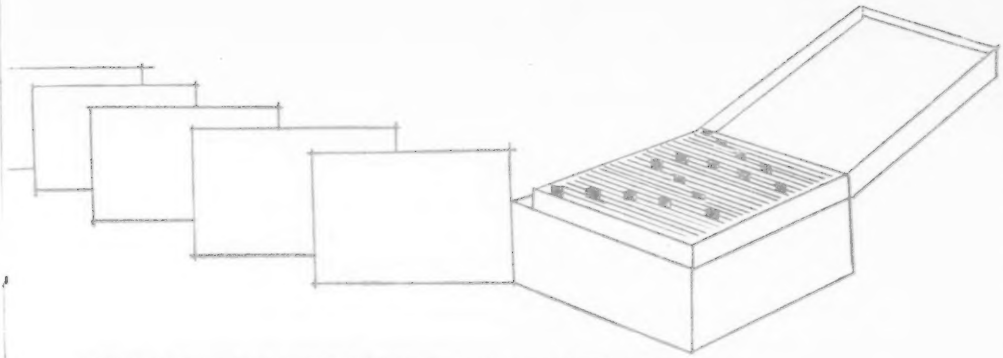
ACETAMINOPHENOL (Analgesic-Antipyretic)

CHEMICAL NAME: N-Acetyl-p-Aminophenol

PHARMACOLOGY: Acetaminophenol or APAP is an intermediate metabolite of acetanilid and acetophenetidin. The therapeutic action of these substances is probably due to their breakdown in the body to form this compound. Like the parent substances, APAP acts centrally to raise the pain threshold and to reduce the temperature in febrile states. It is used chiefly to relieve muscle and joint pain, neuralgia, headache, and dysmenorrhea.

DOSAGE: The average adult dose is 5 to 10 grains every four hours; for children, between 3 and 5 grains is recommended. The drug is frequently combined with other analgesics and with sedatives.

UNTOWARD ACTIONS: APAP is less likely than acetanilid or acetophenetidin to change hemoglobin to methemoglobin on prolonged administration. Blood studies are recommended, however, when it is used frequently or for long periods.



BENZATHINE PENICILLIN G N.N.R. (Antibiotic)

PROPRIETARY NAME: Bicillin

PHARMACOLOGY: This complex penicillin salt is characterized by its comparatively prolonged action. A single intramuscular injection is capable of maintaining effective blood levels of penicillin for one to four weeks or longer, depending on dosage. Administered orally, it is well absorbed from the gastrointestinal tract without the aid of acid-buffering substances, even when taken at mealtime, as it is not readily destroyed by gastric juices.

DOSAGE: Oral doses of 200,000 units every six to eight hours give blood levels adequate for treating most mild infections. In more severe streptococcic and pneumococcic infections, 600,000 units may be given intramuscularly every forty-eight to seventy-two hours. As a prophylactic in rheumatic fever, 600,000 units every two weeks or 1.2 million units every four weeks is usually sufficient.

UNTOWARD ACTIONS: Loose stools have been reported occasionally after oral administration. Sensitivity reactions are said to be rare with this compound.

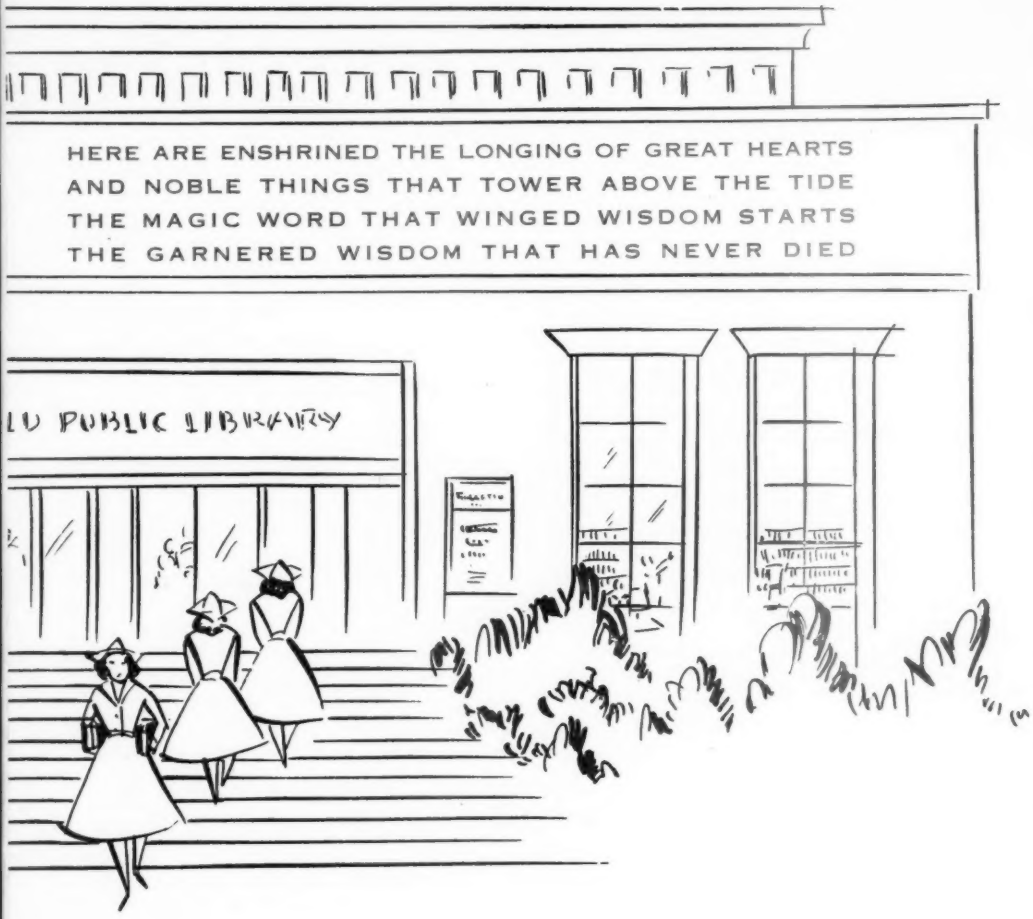
SALICYLAMIDE (Analgesic-Antipyretic)

CHEMICAL NAME: O-hydrobenzamide

PHARMACOLOGY: Salicylamide has recently been revived as an ingredient of numerous proprietary preparations for the relief of pain and fever in arthritis, rheumatic fever, gout, and the various other conditions in which the salicylates are commonly employed. This drug is said to be more rapidly absorbed than the salicylates and is described as more powerful in its pain-relieving properties than the latter.

DOSAGE: The average adult dose is about 2 to 5 grains every three or four hours.

UNTOWARD ACTIONS: Salicylamide is said to be relatively nontoxic. It is less irritating to the gastric mucosa and better tolerated than the salicylates. Large doses may increase the clotting time of the blood, probably by interfering with the production of prothrombin.



Learning, Libraries, and You

by Mary D. Hudgins

■ DO YOU SOMETIMES feel that you're growing stale? Are you worried that medical research is rushing by so fast you'll be left with too little knowledge of current developments? No wonder! The never-ending number of new things you'd like to know, added to the innumerable old facts you never had time to learn, are enough to give anyone a deep-rooted inferiority complex.

Of course it would be nice to take some time off for graduate study. But perhaps your bank account is too anemic to stand the strain of a year of non-earning. Or, have you

been away from the classroom so long that the very thought of recitations and examinations gives you goose pimples? If so, you're not by yourself. Still—don't go around feeling sorry for yourself, moaning a lot of "if onlys" and sighing resignedly.

There is a building right in your own home town that, with a little pluck and determination, you can convert into a first-class educational center. It may be small and unpretentious, but through its contacts it can bring the knowledge of the world straight to you. No university, however wealthy, through its faculty alone could offer you even a fraction of the information you can find there.

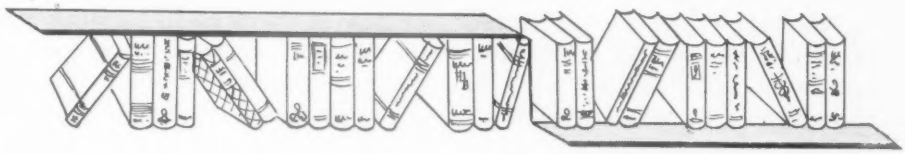
There'll be no formal graduation. You won't sit on a flower-decked platform to receive a diploma stating that a phase of your education has been completed. The fact is you'll never want to graduate from this school. Learning about the very things you want to know most will prove so much fun and so genuinely stimulating that you'll want to continue visiting this classroom for the rest of your life.

Expensive? Perish the thought! You'll attend classes when and where you will. You yourself will decide how many of your free-time hours you'll devote to them. Tuition? There isn't any. Cost of books? Not a cent (except an occasional stamp or two to cover out-of-town borrowing). Other than that, your county, city, or state pays the bill.

Here's how it happened for one learner. Had she been more thoroughly prepared in current nursing practices, and anxious to pursue serious study in some specialized field, her program of reading would have been different. But the fundamental principle, and her sources of information would have been the same.

Not too many years ago (but time enough for success in a general duty-administrative position to prove that her hunch was right), Mrs. Martha Hill decided to go back into nursing. It had been sixteen years since she had left her profession. A desirable institutional position was to be vacant in about six months. Three young sons made travel for a refresher course impossible. But between sweeping floors, cooking, and ironing small shirts she could squeeze in a little time here and there for reading.

Straight to her home-town librarian went Martha Hill to put her problem before the lady-behind-the-desk. Together they worked out a program of reading which seemed best fitted to the needs of a nurse anxious to brush up on the old, and learn about the new. It was as simple as that! (Had our friend lived in a city, she would have been referred by the librarian at the *charging desk*



to the *reference librarian;* and the routine would have begun there.)

First of all, the librarian offered a personally conducted tour of the library in order to familiarize Mrs. Hill with the tools she would be using. "All books, except novels," said the librarian, "are *classified* by a technique called the *Dewey Decimal System*. It was devised so that books on the same or very similar subjects stand next to each other on the shelves and are easy to locate.

"To make it even simpler, a library maintains something known as a *card catalogue*. Here is ours. Notice the cabinet is made up of small drawers? Inside each are hundreds of little 3 x 5 cards filed in alphabetical order by author, title, and subject of almost every book in the library. That makes it easy to learn just what books by a certain author, or how many books on a particular subject, the library has. The number in the upper left hand corner of each card is the *classification number;* it tells just where the book may be found on the shelves."

These preliminaries over, Martha and the librarian sat down to plan in earnest. Before them was a large blue book titled *Standard Catalogue for Public Libraries*. In it they found described more than 12,000 books of *non-fiction,* listed in the same classification order that is used for shelving the volumes themselves. "A new edition appears every few years," said the librarian. "The titles are carefully selected by a group of experts in various fields. A few items are starred; occasionally one is double-starred. These marks indicate special recommendation."

Almost as soon as she had entered the librarian's office, Martha's eye had been caught by a series of jumbo volumes in similar brown bindings. "*Cumulative Book Index,*" the librarian told her. "If you decide you want to buy any books for yourself, *CBI* will tell you who publishes them and at what price. That holds true for any book printed in English from 1928 to the present time.

"Oh, no! We won't have all the books you may want to read. But we can almost always get them for you. If we have to get them from out of town, through something we call an *interlibrary loan*, you'll have to pay the postage. If the book happens to be old and rare, we'll have to charge you the insurance as well. But that won't happen very often. There are a number of private libraries in town whose owners are generous. We cooperate with the county hospital and the local physicians, and extend all the help we can. We've always found them quite willing to lend books to our patrons.

"You'll have to go to the hospital itself, or to the clinic to consult a few of their volumes that are always in demand. Now let's say you want to check on a hospital which is offering you a position. Would you like to know what professional groups have given it approval? Might it not be wise to check on its facilities and the types of service it offers its patients—and therefore what training and experience you can find there? You'll want to consult the current

Administrator's Guide issue of the magazine *Hospitals*. It is usually Part II of the June issue.

"Or maybe you're considering affiliating yourself with a certain doctor or medical group. Remind me sometime to show you how to check the *American Medical Directory*. It is from this book that you can fortify yourself with exact information about a physician's education, experience, and affiliations.

"But all this is so technical. Please, Mrs. Hill, I didn't mean to bewilder you. Really when you get used to things you will see that all these seemingly complicated lists, classifications, and indexes are actually devised to make it easy for you to find the things you want to know. You won't have to master *Dewey* and the card catalogue. Either I or one of my assistants will always be here to help.

"Now let's get down to cases. What do you think of starting with a book on medical history? Now don't frown. I'll bet you a new hat you'll find it fun to read." And down from the shelf came Logan Clendenning's *Behind the Doctor*. Martha had noticed it as a starred item in *Standard Catalogue*.

One week later Martha returned it and accepted in exchange a copy of Minnie Goodnow's *Nursing History* along with the suggestion that she go down to the hospital and ask to see the bound copies of *Ciba Sym-*

Probie

"But its Aschheim-Zondek test was negative!"

posia, a periodical filled with fascinating highlights on the history of the healing arts.

No, Martha didn't claim her hat. "Why," she said, "Clendenning makes things so simple. It's a comfort to know that a stethoscope is only a glorified rolled up newspaper my little boys use in playing telephone. At first I was literally terrified at the thought of all I'd have to learn to be good enough to begin nursing again. But now—I'm convinced I can learn just as much, and as fast as I want to."

Soon she graduated to medical and nursing biography. She was placed automatically on the top of every waiting list for any new book dealing with advances in clinical nursing. Through arrangement with the hospital she was permitted to *check out* (on an overnight basis) current issues of nursing journals. From the pages of a little publication called *Facts on File* she was able to keep abreast of what daily newspapers were printing about current developments. *Readers' Guide to Periodical Literature* sent her to significant articles in the nursing and allied fields appearing in many popular technical magazines.

"One thing helps make reading easy," said Martha Hill, "that's a medical dictionary. I read with one right by my elbow. I got one of the little abridged ones. The big book would have been nicer, but it costs more. *Dorland, Gould, Stedman, Taber?* You really couldn't go wrong on any of them. And, oh, how they help straighten out things which you do not understand."

When she was in Capital City or University Town she made a habit of checking items listed in *Union Catalogue.* Here she found listed books not only from one library, but from public and institutional libraries in the entire area. (Each card carried a symbol which told her just where the item might be located.) Everything in which she was interested was easy to get through *interlibrary loan.*

Had Martha Hill been Mary Brown, ten years an administrator, and anxious to do some specialized study, her book list would have been different. But her guides would have been the same classification schemes, and same card catalogues, the same indexes. The same eager-to-aid librarian would have suggested and advised her in her program of ever-widening information and conscientious self-development.

PHILOSOPHY FOR AGING

Although the acid years etch tiny wrinkles
Upon the weathered parchment of the brow,
If inwardly a youthful spirit twinkles
The Tree of Life is less inclined to bow.

by Nicholas Lloyd Ingraham

IDEA OF THE MONTH

The Warning Signals

by Linda McClure Woods

■ WHEN I READ **R.N.** each month, I always find a letter or an article with which I agree in part or in whole. In a last year's issue of **R.N.**, Miss Clarke's "The Life or Death of District Associations," Miss Geister's "The Fallacy of Forecast," and "Authoritarianism in Nursing" by Franceska Rich touched the bell to many of my own thoughts.

From long experience in nursing, I have concluded that the "traffic lights" in our profession are being ignored, and for this reason we are confused and in danger. Many of these warning signals have been discussed in the articles in **R.N.**, but I should like to add a few comments of my own.

One red light that is being ignored is the salary problem of the professional nurse. The average salary of the institutional nurse has not kept pace with the diminishing value of the dollar. In my community, a teenager, who did not bother to finish high school, was employed by a chain food store recently at about $65 a week. Why take up a profession when other jobs pay more, the work is easier, and no preparation is required?

Another red light that bothers me is the loss of our "grass roots" enthusiasm and opinions. No one can be elected to an office in her professional group, or receive recognition for her opinions, unless her name is propped up with a string of letters indicating her educational superiority. Please do not misunderstand me; I sincerely believe in all vital and necessary education and higher learning. I am all for degrees (I would have more myself if I had been able to afford the time and money) but, when a nurse has so much education that she cannot stoop to arrange a patient's pillow or rub an aching back, I fear for the "soul" of our profession.

If every nurse is a supervisor, who will be left to supervise? Through the years, most of the nurses I have known have voluntarily taken time out for refresher courses or other educational programs. In this way they have added more knowledge to their basic nursing education as they needed it, [*Continued on page* 76]

News in Review

▶ CONVENTION PREVIEW: Keynote speaker at the National League for Nursing Convention in St. Louis, Mo., May 2-6, 1955, is Mrs. Oveta Culp Hobby, Secretary of the Department of Health, Education, and Welfare. Although the convention opens officially on Monday morning, May 2, several programs are scheduled for Sunday, May 1. On Sunday afternoon there will be a public relations conference featuring an address by Howard W. Chase, public relations consultant. Other Sunday programs include a meeting of the Council of State Leagues for Nursing, a workshop sponsored by the Committee on Early Nursing Source Materials, an evening conference on membership promotion, and several film showings. Registration will begin at noon on Sunday, May 1, in Kiel Auditorium.

▶ MEMBERSHIP in the National League for Nursing is now being recommended by the National Federation of Licensed Practical Nurses, Inc., for its practical nurse members who are interested in nursing education. In making this recommendation, the NFLPN bypassed the National Association for Practical Nurse Education. The reason for this, according to the Federation, is that policies of NFLPN and NAPNE are in conflict at many points and have led to confusion on the part of state associations and individual members of the Federation.

▶ FELLOWSHIPS enabling professional workers with the handicapped to take special training at the Institute of Physical Medicine and Rehabilitation of New York University-Bellevue Medical Center are granted by Alpha Gamma Delta in cooperation with the National Society for Crippled Children and Adults. Six points of academic credit at the graduate level will be given to those who successfully complete the program to be given at the Center, June 20 to July 15. Application forms and other information may be obtained from the Personnel and Training Service of the National Society for Crippled Children and Adults, 11 South La Salle St., Chicago 3, Ill.

▶ COLOR TELECASTS from an operating room were used for the first time by the army for nursing instruction in an ANC postgraduate workshop on military O.R. nursing in February. During the two weeks' sessions at Walter Reed Army Medical Center, workshop participants were able to see and hear the surgeon progress through the various steps of operations. Surgeons wore earphones, as well as chest microphones, for receiving questions from personnel viewing the telecast. Also featured in the workshop were num-

erous authorities in the surgical field. In endorsing the O.R. workshop, Col. Ruby F. Bryant, chief of the Army Nurse Corps, stated that "the operating room nurse, an isolationist in many hospitals, has only recently shown great enterprise in improving her area in the cycle of rehabilitation of the patient. The army operating room nurse, too, has grown more aware of the necessity to constantly strive towards more scientific management for high quality patient care."

▶AN IMPORTANT DECISION reached by the Medical Advisory Council of the American Association of Industrial Nurses and the AAIN's executive committee at a meeting last January was the adoption of a statement of "Principles to Govern the Relationship between Physician and Nurse Working within Industry." At this same meeting, Dr. Henry S. Brown was elected chairman of the committee, succeeding Dr. Edward H. Carleton, medical director of the Inland Steel Co., of East Chicago, Ind. The new chairman is medical director of the Michigan Bell Telephone Co., Detroit, Mich.

▶OFF THE PRESS: Nurses and doctors who deal with small patients will find many of their questions answered by a new professional manual entitled "Health Supervision of Young Children." This 180-page volume, which reflects present-day emphasis on the inter-relationship of physical and psychological factors, was care- [*Continued on page* 72]

About People: ***Mrs. Anne Driver Schilpp*** **is retiring after serving fifteen years as a public health nurse with the Pennsylvania State Department of Health. Mrs. Schilpp's daughter, *Jean Elizabeth Schilpp*, is a University of Pittsburgh School of Nursing graduate . . . New faculty appointee to the New York University School of Education as associate professor is *Mrs. Margaret M. Coleman*, former assistant chief of nursing education with VA hospitals in Brooklyn and Manhattan . . . A 43-year-old mother of nine children, *Mrs. Ellen Brennan*, has enrolled in a practical nursing course at St. Joseph's Hospital in Yonkers, N.Y. . . . *Mrs. Vivian Campbell Buckley* has retired as nursing education consultant for the southern region for the California State Board of Nurse Examiners . . . The University of Pittsburgh School of Nursing honored its dean, *Dr. Ruth Perkins Kuehn*, recently when it presented her portrait to the Nurses' Residence. Dean Kuehn was cited for her distinguished leadership in establishing and developing the University School of Nursing . . . An industrial nurse at the Armstrong Furnace Co., of Columbus, Ohio, *Doris Brokate*, will be a panelist on a four-member committee to discuss industrial nurses' problems at a meeting of the All-Ohio Safety Congress in Cleveland, Ohio, April 26 . . . *Teresa McDonough*, a new graduate of the Mount Sinai School of Nursing in New York City, received the school's top honor, the $500 Estelle and Hugo Blumenthal Scholarship . . . *Mary Walker*, director of Red Cross Nursing Services in Denver, Colo., and past president of the Colorado State Nurses Association, was chosen to accompany the U.S. team to the Pan-American Games in Mexico City, March 12-26.**

THE CANCER NURSE*

by Charlotte Leyden

caring for a hospital patient

■ THE INCREASED AWARENESS of the problem of cancer, and consequent broadening of the attack upon it, provides new and wider fields in which the nurse can work. She is being given added responsibilities which call for greater ability and experience.

It seems evident that the challenge of cancer and the exciting new research discoveries—made possible in large part by funds from the American Cancer Society—are attracting more and more nurses to cancer as a specialized field. There is a new world opening in the work with isotopes, for instance, which has added another dimension to the concept of treatment through radiation. As advances are made in the use of radio-active materials, powerful supervoltage x-ray machines, and similar tools of attack on cancer, the nurse must be able to work along with the doctor as he makes each forward step.

The progress in surgery has been so phenomenal that nurses have had to work doubly hard to keep abreast of new developments. "Virtually everything we know today about cancer has been learned in a single generation," Dr. Charles S. Cameron, Medical and Scientific Director of the American Cancer Society, said recently, "yet we are still in the green years of medical progress, and we have no reason whatever to feel resigned nor apathetic in respect to future progress in the control of this disease.

"Forty years ago cancer wasn't a reportable disease," Dr. Cameron explained. "The biopsy was still the subject of controversy among doctors. The operation for cancer of the rectum was an innovation and tumors of the central nervous system, of the lung, and of the pancreas

*Abstracted from *Cancer News*, July, 1953, published by the American Cancer Society, Inc., 521 West 57th St., New York, N.Y.

were not yet surgical diseases. Anesthesia depended on two or three agents of limited flexibility. By now, surgery has boldly extended its frontiers so that there is virtually no part of the body now inviolate before the scalpel."

In a hospital such as Memorial Center in New York City, with its extensive fellowship program, the teaching of nurses in these new surgical techniques must proceed as rapidly as that of the doctors themselves. As these physicians go out into the country, returning to their practices or establishing new posts, they need prepared registered nurses to work with them, otherwise much ground will be lost. Memorial's nursing education department, in fact, reports urgent calls from doctors asking for nurses equipped to assist them in post-operative care. Especially is this true in head and neck cases where skilled care immediately following delicate operations often spells the difference between success and failure. Nurses share with the surgeon the satisfaction of seeing life saved through surgery that could never have been saved a few years back.

in the clinic

With more and more patients with cancer being cared for at home, the public health nurse has an increasingly significant role. Not only must she be thoroughly aware of all of the methods with which the physician has treated the patient so as to be able to interpret his orders properly, but she must be a morale builder for the patient and family as well. To explain in simple language what the doctor plans for the patient so that both patient and family will cooperate fully is a job which the nurse does in a friendly, warm manner. She is able to show the

speaking before lay groups

instructing in the making of cancer dressings

family how to handle the patient, encourage it to create as near normal a home setting as possible, and by her attitude and example build an atmosphere of optimism and hope. All of this is accomplished while she is carrying out her professional role in administering to the patient, helping him to help himself, and reporting progress to the doctor.

In the case of breast cancer, for instance, the nurse can do a great deal in assisting the patient by suggesting ways in which to exercise through simple normal activities—as, for example, the combing of hair. There is a close correlation between most of the exercises involved and many of the household tasks which most women normally perform. Basic exercises may therefore be abandoned as soon as corresponding household activities are substituted.

This type of aid to the patient, of course, is not confined alone to those being treated at home. Certainly, the hospital nurse can and does do a great deal to aid the patient before leaving the hospital. Helping the patient over the first fears and awkwardness of an artificial limb and other prosthesis is invaluable to his future well-being, and this the nurse can be depended upon to do. The teaching of colostomy patients in the use of an irrigator is also a case in point. As a colostomy patient

in industry

wrote in *The American Journal of Nursing*, "The responsibility of those who care for the patient does not end when the illness is over, or the operation finished. It ends when rehabilitation has enabled him to develop a sound mental attitude toward his handicap, and to maintain his job as a useful citizen. Hope and courage must be backed up by accurate, practical knowledge that will enable him to go ahead on his own."

The nurse is the ideal case finder. Who has a better opportunity to find early cases than the nurse who is constantly meeting all sorts of people? She must develop a high threshold of suspicion where cancer is concerned.

The nurse's relationship with

families is such that they will frequently ask her about one or the other of the seven danger signals, thinking that the complaint is too minor to ask a doctor about it. Or the nurse herself may notice something suspicious and will certainly be alert to individuals who have such pre-cancerous signs as keratosis (a horny growth, such as a wart), leukoplakia (white thickened patches inside the cheek), scars of old burns and the like.

as a follow-up worker

Often it is the nurse to whom people turn for information regarding a clinic or hospital. Knowing the procedure for admission of a patient for examination, and preparing patients as to what to expect in diagnosis and treatment is a service which the nurse can give most effectively. Helping families make immediate contact with proper agencies for adjustment of social and economic problems is another job which the nurse usually can do with sympathetic understanding.

While follow-up of patients is one of the greatest needs not only from a statistical or research point of view but also for the patient's welfare, the physician decides whether the patient should receive this service. Working under such specific orders, the nurse reports back to the physician or clinic and serves as a liaison between doctor, patient, and family. It is important that the nurse understand fully the vital importance of follow-up, for once the diagnosis of cancer is made she must help prepare the individual to continue the periodic check-ups during his entire lifetime.

as a visiting nurse

It has been said that if cancer control is to make the progress so urgently called for, the nurse will have to assume more and more responsibility as a community-minded citizen for the development of broad cancer education programs among the general public. Any nurse,

whether in industry, public health, hospital, or other situation—wherever she is in contact with people—can be an effective crusader for early recognition of danger signals leading to early diagnosis and treatment of the disease.

Cancer patients in the community are sometimes referred to visiting nurse associations through the hospital, sometimes they are discovered by visiting nurses, and sometimes a cancer patient will call the VNA directly. In any event, VNA calls are made only on doctors' orders. Typical, perhaps, is the Visiting Nurse Association in New Haven, Connecticut, where approximately one in every thousand in a population of 200,000 are given service for cancer, financed in part by the Connecticut Division of the American Cancer Society. The VNA estimates that an average of about fifteen or sixteen visits to each case is made. The nurses give whatever help is needed: hypodermics, dressings, bed baths. All of the patients are by no means terminal, so that the nurse spends a good deal of her time helping some to get re-adjusted to a normal way of living.

The Society is constantly encouraging programs to interest nurses in cancer as a specialized field. It provides increased aid to nursing institutions, educational programs for the registered nurse, scholarships, and supports visiting nurse associations in local communities throughout the country.

To prepare nurses for cancer care, large private and state hospitals regularly conduct series of institutes or refresher courses. Roswell Park Memorial Institute of Buffalo, New York, the state hospital for the study of malignant diseases, for example, offers an institute outlining the important aspects of cancer care, permitting opportunity for observation of ward care, surgical procedures, and tumor clinic or dispensary examinations.

Memorial Center in cooperation with New York University provides a concentrated course combining the latest in theory with practical, clinical experience. The University of Colorado School of Nursing, St. Louis University, and North Carolina College at Durham are among the institutions in various parts of the country which provide similar courses of varying lengths.

Throughout the country, Divisions of the American Cancer Society sponsor nursing institutes in conjunction with cancer clinics, aimed at alerting nurses to the changing picture, bringing them up-to-date on new developments in nursing care techniques, and attempting to point out the opportunities for their important contribution to cancer control.

Cancer offers a challenge to the physician, the surgeon, the radiologist, the scientist, and it offers a challenge to the nurse. That she is doing her part to work as an intelligent, efficient member of the team fighting this dread disease is a tribute to a profession which has been highly respected by the community throughout the years.

Calling all Nurses

HELEN M. CALLAGHAN, JEANNETTE LOOMIS, CAROL MALTKE, and MARY AGNES O'KEEFE: We have received keys belonging to you. Please send your present mailing address to *R.N.'s* editorial department so we may return them to you.

EVA HARTLEY (class of 1919) and ETHEL BEARD ORME (class of 1915): St. Anthony School of Nursing, Oklahoma City, Okla., would like to know your present addresses.

THE ALUMNAE ASSOCIATION OF ST. VINCENT'S HOSPITAL, STATEN ISLAND, N.Y., is planning a reunion supper and open house on May 14. All graduates are urged to attend and to send their names, maiden and married, and addresses to Miss Grace F. Coleman, 198 Charles Avenue, Staten Island 2, N.Y.

THE DECATUR AND MACON COUNTY HOSPITAL ALUMNAE ASSOCIATION is planning a homecoming for June 18, 1955. Will graduates please send their addresses and news items to: Helen Hale, Decatur and Macon County Hospital, Decatur, Ill.

GRACE AVIS ROSSMAN, VIRGINIA, MINNESOTA AND FLORENCE CHURCH DRISCOLL, GREEN BAY, WISCONSIN: We trained together at St. Luke's Hospital, Racine, Wisconsin. I would like to know your present addresses. Miss Ella Hill Bates, 1733-E High Ave., New Philadelphia, Ohio.

MARY HANNAH ELIZA BISSELL: A student at a Buffalo hospital around 1911. I would like to get in touch with her. If anyone knows her present address, please notify me. Harry R. Tallman, 71 Ellerbeck St., Toronto, Canada.

GRADUATES OF LONG ISLAND COLLEGE HOSPITAL CLASS OF 1925: Junior and Senior Sections are planning a reunion dinner in May, 1955. Anyone having addresses of members please write to Mrs. Fannie Frazer, 147 Willow St., Brooklyn, N.Y., or Mrs. Henrietta Bartlett Hansen, Box 275, Cairo, N.Y.

PATRICIA FLANAGAN: Trained in St. Joseph, Mo., and later worked in California and Iowa. I am interested in learning her present address: Charles Carson, P.O. Box 638, Manhattan Beach, Calif.

ST. ANTHONY'S HOSPITAL, CARROLL, IOWA, ALUMNAE: We wish to contact all graduates of our training school so they can participate in the observance of our Golden Jubilee— June, 1955. Please send your maiden name, year of graduation, and present address to: Mrs. Leona Bielmaier, 408 W. 7th St., Carroll, Iowa.

WANT TO GO TO EUROPE? Anyone interested in joining me in a limousine-guided tour of Europe this summer which will be leisurely, comfortable, and easy on the arches? Write for more details: Vieno Johnson, 327 W. 83rd St., New York 24, N.Y.

EDWARD J. MEYER MEMORIAL HOSPITAL, BUFFALO, NEW YORK, ALUMNAE is planning to hold its annual reunion dinner on June 13, 1955 at the Hotel Markeen.

THE ALUMNAE ASSOCIATION OF THE DIVISION OF NURSING EDUCATION, TEACHER'S COLLEGE, COLUMBIA UNIVERSITY will hold a banquet during the NLN Convention in St. Louis, this May. Watch for date and place. An interesting program has been prepared, including the latest developments in nursing education research projects. We hope to see many graduates and friends on this occasion.

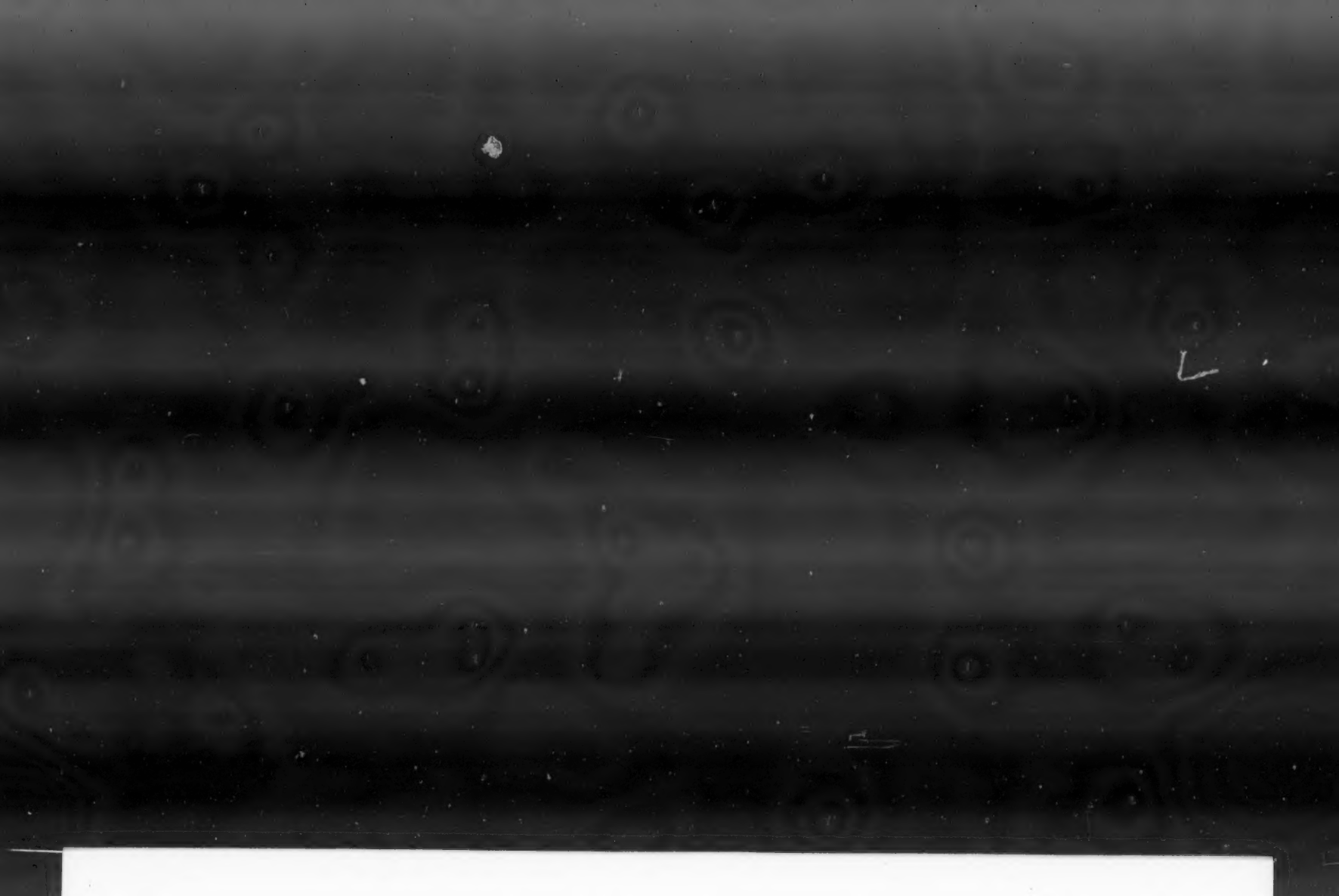
Editorial

[*Continued from page* 31]

convictions, coupled with the courage to fight for those convictions—even if all alone. It is blended with a simplicity of purpose that transcends thought of self or class. It is warmed by love. The true leader gives respect, regardless of status or state, before commanding it of others.

Nurses do not reject leadership; they recognize the need for it. But they want it to be competent and inspiring. Signs are multiplying that many nurses are ready and waiting—not for the millenium, not for great personal advantage—but for the leadership that fires and directs the highest qualities in them, and that leads them truly "home."

—ALICE R. CLARKE, EDITOR



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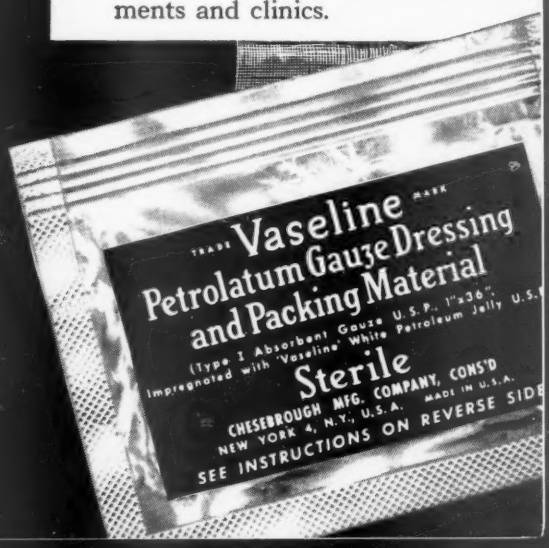

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Floral Queen is Crowned

An 18-year-old University of Buffalo nursing student reigned last night over the flower-decked tables of the annual president's dinner of the Florists' Telegraph Delivery Ass'n. Miss Carol E. Rothfuss of 24 Bame Ave. wore her coronet of white carnations with a regal air.

Carol was crowned in ceremonies at the close of the dinner in the Connecticut St. Armory's banquet hall. Capt. Basil C. Opalenik, veteran of 100 missions over Korea, crowned the queen to call attention to the Air Force's nurse recruiting program. He told of the debt he owes to Air Force nurses who cared for him when he was wounded in Korea.

Each year the florist's group chooses a student nurse as queen of its convention. In addition to the honors accorded her last night Carol will receive a scholarship enabling her to continue her nursing education at UB.

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Fever

[*Continued from page* 45]

curs abruptly. The sudden resetting of the central thermostat at a level three or four degrees higher than normal results in the same bodily response that is seen when the body is actually subjected to cold. For chills are merely an exaggerated form of the normal shivering process for stoking the body furnace in order to meet a cold stress emergency and prevent excessive cooling of the body. In this case, however, cold receptors in the skin are stimulated by a feeling of cold that is subjective rather than environmental.

The frantic messages these receptors send to the center set off a reflex volley of motor impulses to the skeletal muscles. The teeth rattling contractions that follow involuntarily may sometimes become almost convulsive in their violence. The resulting rise in heat production together with the simultaneous shutting off of many of the mechanisms by which the body rids itself of excess heat soon shoots the body temperature to abnormal heights.

Treatment today is usually directed not at the fever as such, but at the underlying infection. Thus, while the specific chemotherapeutic agents such as the sulfonamides, and antibiotics like penicillin, erythromycin, and the broad spectrum series of tetracycline compounds reduce fever rapidly, their action in pneumonia, meningitis, and other serious illnesses is decisive as well as dramatic, for they wipe out not only the fever but the organisms responsible for it.

Although merely curbing fever can't cure an illness, most doctors agree that much may be done to make the febrile patient more comfortable. And nothing can contribute more to the patient's comfort than good nursing care based on an understanding of the physiology of temperature regulation.

The most important physiological change that may occur in fever is dehydration due to increased elimination of water and failure to compensate for the loss by maintaining an adequate intake. Forcing fluids in quantities of two to three quarts daily is often necessary to make up for fluids lost by evaporation from the burning skin and parched respiratory mucosa. While the quantity of fluid required varies with different patients, a good guide to whether water is being replaced in sufficient amounts is the nature of the urinary output. Therefore, the nurse must note whether the urine is plentiful, dilute, and colorless, or concentrated and scanty.

Patients unable to take water by mouth because of delirium or coma should receive it intravenously or by hypodermoclysis. Sodium chloride may be added to the clysis fluid to help maintain normal mineral metabolism and to avoid the danger of water intoxication.

Another major problem in managing the feverish patient is seeing that he gets an adequate diet, for the rapid rate at which body constituents are used up in fever may lead

to severe metabolic derangements. Because basal metabolism speeds up in proportion to the height of the fever, carbohydrate stores can be rapidly exhausted. Failure of the diet to meet the raised caloric requirements may make the body begin to burn its own fat and protein. In toxemia, the latter may be destroyed at three times the normal rate. As a result, such phenomena of partial starvation as negative nitrogen balance and ketosis may be added to the clinical picture of fever and infection. Pellagra and other vitamin deficiency states may also complicate long-continued feverish states, since vitamins are also rapidly depleted during fever. Vitamins, as well as glucose and amino acids may be administered intravenously, if the patient cannot be fed orally.

While loss of appetite, nausea, vomiting, and abdominal distention may make it hard to get the patient to take much food by mouth, skillful nursing can do a great deal in coping with this problem, too. Keeping the patient's mouth and nose clean, and overcoming the dryness and discomfort that interfere with swallowing and breathing may help him want to eat. Although rich and indigestible foods must be avoided, the patient can usually take nourishment in the form of liquids and soft solids, if they are prepared and presented in an appetizing way. The nurse can also help by a cheerful, optimistic attitude that fosters freedom from fear and worry. Psycho-

logical relaxation is as important to the patient's well-being as physical rest in bed.

Fever is quite common in infants and children due to the instability of the heat-regulating system during childhood. Children's fevers may need no treatment at all if the child is sleeping quietly or playing placidly. But if he is tossing and thrashing about restlessly or moaning fretfully, measures may have to be taken to reduce the fever, since such activity is wasteful of energy and may even result in a rise in the temperature to still higher levels.

Delirium and convulsions are not uncommon in feverish children, and since febrile convulsions can cause brain damage, if prolonged, signs such as tremors or twitching should serve as a warning that the body temperature must be reduced. The most common way to lower an elevated temperature is by gentle sponging with dilute alcohol, which removes heat as it evaporates from the skin surface. Wrapping the child in a moist sheet that is sprinkled periodically with tepid water may also prove soothing. It's important to remember, though, that if these procedures irritate the patient, they should be abandoned.

Often, therapy with analgesic-antipyretic drugs such as salicylates, aniline derivatives like phenacetin, or even quinine, may work wonders in relieving restlessness due to discomfort caused by a high fever. Aspirin, in a dose of about one grain for each year of age, is probably the

drug of choice for young children. It should be given by crushing part of a tablet to a powder and mixing it with strained fruit or with juice. Here, again, if the child is uncooperative and struggles against attempts to give him the drug, it may be better to withold it in order to avoid emotional upset or vomiting.

Two substitutes for aspirin that have been recently introduced are salicylamide and acetaminophenol. These two drugs are discussed in *Drug Digest*, pages 46 and 47, along with two antibiotics, benzathine penicillin G and Nystatin. The latter two are frequently used in the specific chemotherapy of infectious diseases accompanied by fever.

While most infectious fevers need little or no treatment, there are a few conditions such as heat strokes and certain types of brain lesions in which extreme measures may be called for to reduce a dangerously high temperature. Body temperatures above 107 degrees may cause permanent damage or death if maintained for more than a few hours. In such cases, the rise in temperature is out of control of the regulatory center and must be fought vigorously if the patient is to survive. One way that has often proved lifesaving is to wrap the patient in an ice pack or place him in a tub of cold water to which ice is added gradually. In another method recently reported, a balloon is passed into the stomach and refilled repeatedly with ice water that is withdrawn about every two minutes. It is claimed that, due to the number of blood vessels in the stomach and its proximity to the aorta and other large blood vessels, great quantities of blood can be cooled quite rapidly in this manner without the danger of circulatory collapse that exists in hydrotherapy.

While much still remains to be learned about fever and whether or not it is beneficial, one fact is certain: Fever is a signal that something is wrong, and, therefore, should be heeded. In most cases, complete rest in bed until the temperature has returned to normal and stayed there for 24 hours is the best treatment of all. For, until a rise in temperature has been interpreted by a medical expert, it's well to look on fever as a foe rather than a friend.

Candid Comments

[*Continued from page* 41]

Nor is it we veterans alone in our hospitals and health agencies who run ourselves ragged to get the work done, and who *want* to work. There are many more nurses who want to work than there are those who don't. I believe that given proper environment, opportunity to do satisfying work, strong leadership, and inspiring examples, any generation of nurses will carry on in honor.

We must remember that major wrongs do not endure forever—that they get righted when the cause is just and good. The longer we live, the more we learn the truth of "Though the mills of the gods grind slowly, yet they grind exceeding small." And we learn, too, that nursing, once imbued with an idea, figuratively rolls up its sleeves fast. We have a lot of new ideas now that are being sorted and weighed through research, experience, and discussion. The unsound ones will go. Further, we have a growing army of question-askers—once called "troublemakers"—who have both convictions and courage. Nothing pleases me more than to see this army grow. And never in history has the profession been so solidly organized for action as now. About 700 district associations are the basic units of the forty-eight states, District of Columbia, and five territorial constituent units of the American Nurses Association. The National League for Nursing has forty-eight such constituent units.

There are other national nursing bodies, several of religious nature, all with local chapters, and all working for the same high causes. The mobilization of this tremendous spiritual and intellectual power presents an irresistible force. We may get off on the wrong track sometimes, but the power of public opinion within the ranks is a natural corrective. Our faith can be shaken but not destroyed.

The whole movement of nursing has been upward and outward, and the motivating power has come from within. But above all, the strongest influence in our keeping the faith is patients' faith in nurses. Studies have shown that these patients cling to the belief that the nurse is the same

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"mother," friend, skilled helper that she always has been.

Last year, *Modern Hospital* engaged Dr. Ernest Dichter, Director, The Institute for Research in Mass Motivation, to study hospital-patient relationships. His findings and trenchant conclusions were published in six issues of the magazine beginning with the September, 1954 issue. They are highly profitable reading. Again and again the study revealed the dependence the patient places upon the nurse. "The patients tended to refer to the hospital as 'she,' and to think of the nurse as the hospital's most characteristic representative. The nurse took over the reassuring qualities of an idealized mother, being in the patient's mind understanding, sympathetic, tender, 'firm but gentle' . . . And if she is not, why then the feeling was that she 'should' be."*

Professor Redfield writes: "A modern hospital is a wonderful thing, but it takes human beings apart in more than the obvious sense. It dissects the whole man into clinical specializations . . . The human being at the center is dissolved, denied, ignored. With her (the nurse) our humanity is safe . . . She does her duty in these matters, but she humanizes that duty . . . Her simple naturalness will do as much for me as scalpel or belladonna . . ."**

The patient, wherever and whoever he is, has a basic right to look to his nurse to preserve his humanity as well as to attend his needs. That is what the term "nurse" implies—to nurture, tend, protect. Undoubtedly, there have been spiritual losses for we cannot separate ourselves from the general effects of materialism and the constant shadow of war. When we add to this a loss of incentive through loss of job satisfaction, the wonder is that the losses have not been greater.

The very responsibilities of nursing either develop the individual's character strengths, or reveal their absence. The test of our teaching lies not only with the nurse's ability to pass state board examinations, but also her ability to stand firm when adverse winds blow. Character development is one of the responsibilities of faculties and nursing management, and nurses, like others, learn more from observing the attitudes and actions of their guides than from books.

In the end, however, it is the individual herself who sets the pattern of her own integrity, not only in what she does, but in her own attitudes, her ideals, and her sense of responsibility. One of my early teachers drilled into us one lesson: "Never, no matter what the circumstances, do anything but your best. Never offer your second best to anybody or anything. Never lower your flag. In this you will find your greatest fulfillment, for only from *within* can we build the kind of person we want to be. It is not the outward condition but the inner person that sets the standards of our lives."

*"The Patient's Greatest Need is Security" by Ernest Dichter, Ph.D., *The Modern Hospital*, October, 1954.
**"The True Function of The Nurse" by Professor Robert Redfield, *The Modern Hospital*, September, 1954.

News

[*Continued from page* 55]

fully prepared by the Committee on Child Health of the American Public Health Association. Priced at $2, the volume may be ordered directly from American Public Health Association, 1790 Broadway, New York 19, N.Y. . . . The latest issue of "Facts About Nursing" (1954 edition) gives you the data you need to know. In its 166 pages, may be found such diverse statistical information as distribution of professional nurses, professional education, employment standards, and health facilities. "Facts," price $1, is sold by the American Nurses Association, 2 Park Ave., New York 16, N.Y.

▶ CAPITOL COPY: Included in President Eisenhower's health program are specific measures designed to relieve the nursing shortage. The President recommended a five-year program of grants to state vocational education agencies for training more practical nurses; expansion of Public Health Service operations to set up traineeships for graduate nurses in specialties such as nursing service administration, teaching, and research; and appropriations for the support of research and demonstrations aimed at better utilization of the professional nurse's skills . . . the American Medical Association has stated that it agrees with the President's proposals aimed at relieving the shortage of nurses, and the trustees of the American Hospital Association have expressed their

opinions. The AHA approved aid for practical nurses, took a neutral stand on PHS traineeships, and opposed undergraduate nursing scholarships which are features of other non-Administration bills . . . Rep. Frances P. Bolton (R., Ohio) has introduced a bill (H.J. Res. 171) which calls for a twelve-member commission to gather information on training and utilization of nurses. Under the plan, four members each of the commission would be appointed by the President, Vice-president, and Speaker of the House . . . A statistical report from the Health Resources Advisory Committee has this to say about the nation's nursing manpower: "The supply both of physicians and dentists has not increased as fast as the population, in the period since the beginning of World War II. The supply of nurses has increased more rapidly, but there are still many unmet demands for graduate nurses. There is little prospect for improvement in the total situation in this decade" . . . A new pamphlet, "Practical Nurse Training Comes of Age," discusses the evolution and current status of training of practical nurses under public education authorities. Free copies may be obtained from the Division of Vocational Education, U.S. Office of Education, Washington 25, D.C.

▶ TERMINATION of consultative and advisory services on polio nursing by the Nursing Advisory Services for Orthopedics and Poliomyelitis of the National League for

Nursing is slated for June 30, 1955. Although the polio nursing aspects of its program will be concluded, NASOP will continue to work with state and local Leagues for Nursing and other NLN departments in planning and participating in institutes on rehabilitation and orthopedic nursing. In announcing the wind-up of the polio program, Teresa Fallon, NASOP's director, expressed appreciation of the National Foundation for Infantile Paralysis for the annual grants which have made it possible for NLN to maintain polio services.

▶ MORE STUDENTS have entered schools of professional and practical nursing in 1954 than in any year since World War II, reports the Committee on Careers of the National League for Nursing. Statistics show that professional nursing schools in the U.S. and territories admitted 44,930 new students, a 3.7 per cent increase over 43,327 admitted in 1953. In 1954, the professional schools graduated 28,539 students while the reporting practical nursing schools graduated 5,616 students. The number of professional nurses now working in the U.S. stands at 389,600; an additional 125,000 practical nurses are licensed. The goal of the Committee on Careers for 1955 is: 50,000 new professional nursing students and 20,000 practical nursing students. It is pointed out that the need for nurses continues to be a problem in the nation's health services.

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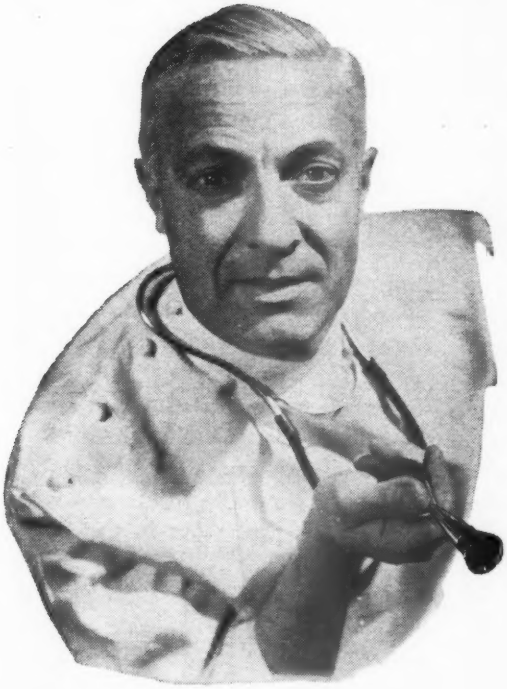

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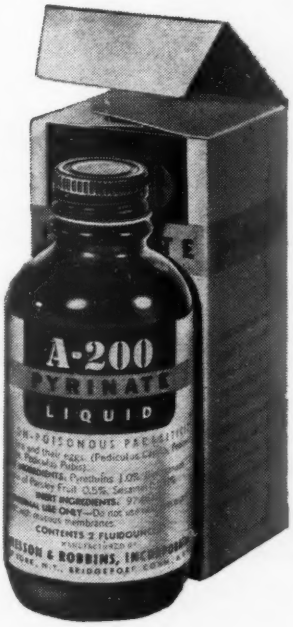

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Idea of the Month

[*Continued from page* 53]

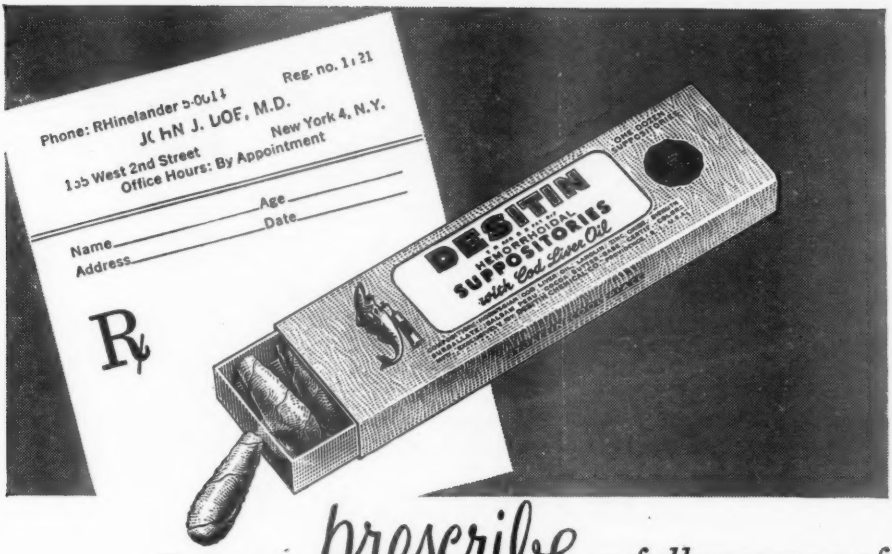
without taking courses full of extraneous information. Patient contact was not only a means of education, but it was one of the joys which these nurses looked forward to.

One very important red light is the replacement of student nurses in the hospital group by paid nursing aides. The well-qualified aide undoubtedly has a place in the care of the sick. What worries me is that hospital officials do not see the great chasm between the student nurse who is interested, ambitious, and unselfish, and a more or less untrained person who is just trying to make a living. Why not make the profession of nursing attractive to young people who will catch the vision and "take up the torch" year after year?

How can those of us who love the nursing profession change the red lights to green? Unwieldy, top-heavy organization certainly is not the answer. In 1952, the American Nurses Association listed 177,081 members. In 1953, the membership had dropped to 173,390. Streamlining specialized groups from the local to the national association, is, in my humble opinion, "the kiss of death" in many localities. Under this system, fewer members of all associations will have to pay more money to maintain the same financial support of national programs, and there will be less attendance at all meetings because of longer distances and greater expense.

Some of our professional traffic problems will be solved when the public demands that professional nurses receive an adequate financial return for their services. For the solution of others, I believe we must return to those first principles of love for, and service to, one's fellow man—the principle that motivated the nursing profession in the beginning. I say this with deep conviction—even at the risk of being called old-fashioned.

There's an interesting story about how the Easter Lily became white... Mary, while on her way to the Temple to worship, picked a yellow lily. It gradually became paler and turned white as she held it near her heart.



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- **rapid, sustained relief of pain, itching and spasm without styptics, local anesthetics or narcotics, therefore do not mask serious rectal disease**
- **reduced engorgement, bleeding • safe, conservative**

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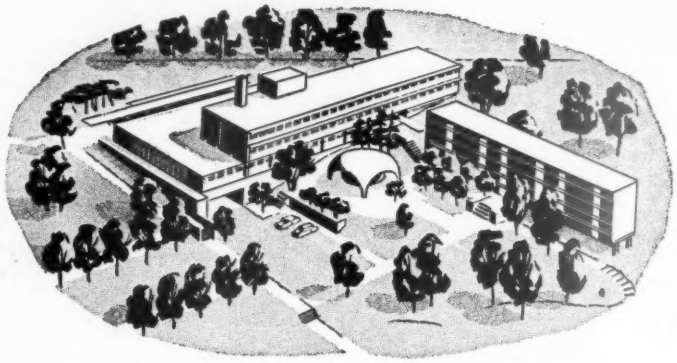


OPPORTUNITIES ARE WAITING IN AMERICA'S MOST TALKED-ABOUT HOSPITALS

NURSES

Excitement has been running high since it became known that 10 new hospitals were being built in the coal fields. These hospitals ARE different—in structure, in design—and most important, in organization. Everybody in the Memorial Hospitals is part of a new, dynamic medical care team. Opportunities of major significance are waiting for nurses who become part of that team. Monthly salaries for registered nurses begin at $370 for a forty-hour week. Shift differentials, salary increases and a no-expense retirement plan are just some of the benefits provided.

OPENING LATE FALL-1955

Write for information to:

Memorial Hospital Association of Ky.

1427 Eye St., N.W. Washington 5, D.C.

Positions Available

ADMINISTRATORS: (a) Small gen'l hosp, coll town, So. (b) Ass't adm. in charge of nursing service, 175 bed gen'l hosp, res. town, near 2 lge cities, MW. Min. $6000, apartment. RN 4-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ADMINISTRATORS & SUPERVISORS: The Los Angeles County General Hospital is seeking nurse administrators and supervisors for positions of Chief Supervising Nurse and Supervising Nurse II. Five years' nursing experience in a hospital of which at least one year was as a Supervising Nurse or better is required for the Supervising Nurse II position. Two years of supervisory experience are required for the Chief position. Salaries are: Chief, $417-$516 per mo., Supervising Nurse II, $395-$489 per month. Applicants must possess eligibility for California Nurses Registration. Write Nina B. Craft, R.N., Director Nursing Service and Education, Los Angeles County General Hospital, 1200 North State St., Los Angeles 33, Calif.

ANESTHETISTS: (a) Ass'n with small group, resort center, Midsouth, salary or free lance. (b) New gen'l hosp, 300 beds, dept headed by well qual. med anes. univ town, Carolinas. (c) Two, 325 bed gen'l hosp, outside US, altho tropical country, mild pleasant climate. (d) Ass'n, 24 man group, coll. town, SW. (e) Small gen'l hosp, resort town, Pac, NW, min. $550. (f) Gen'l hosp, 500 beds, res. town, near NYC, min. $450. (g) Two, new gen'l hosp, 200 beds, normally staff of 7 anesthetists, currently 5, res. town, near lge city, med center, MW. $6000-$7000. RN 4-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETISTS: A.A.N.A. member. 250 bed general hospital, salary open, automatic increases, laundry provided, 40 hr. week, no obstetrics, liberal vacation and personnel policies, Social Security. Sutter Hospital, Sacramento, Calif.

ANESTHETISTS: See our advertisement at end of this section. Important. Woodward's.

ASSISTANT SUPERVISORS, GENERAL DUTY NURSES: 165 bed hospital for treatment of after-effects of poliomyelitis located 75 miles south of Atlanta, Ga. Month's vacation, annual salary increases, insurance benefits. Swimming pool, golf course, club house, theatre, library, all on hospital grounds. Minimum salary $185 for general duty, $200 for assistant supervisor and full maintenance. Only registered nurses qualify. Write Director of Nursing Service, Georgia Warm Springs Foundation, Warm Springs, Ga.

CLEVELAND OHIO JOB OPPORTUNITIES FOR REGISTERED NURSES: For 398 bed non-sectarian general hospital with School of Nursing. Full or part-time. Excellent opportunity for study at nearby Western Reserve University. Starting salary $240-$260, based on experience plus $1 per diem for evening or night duty. Operating room nurses $10 per mo. additional. 2 weeks vacation, 6 holidays, 10 days sick leave. We will assist you in finding living accommodations. For detailed personnel policies write Director of Nursing, Mount Sinai Hospital, 1800 East 105th St., Cleveland 6, Ohio

CLINIC SUPERVISOR: For diagnostic chest clinic, voluntary agency, salary open, based on qualifications and experience. Apply Atlantic Visiting Nurse and Tuberculosis Association, 2332 Pacific Ave., Atlantic City, N.J.

CLINICAL INSTRUCTORS: 1 Medical and 1 Obstetrical, for 502 bed hospital in Philadelphia area. Salary based on qualifications of applicant. Automatic salary increases. 40 hour week, 28 days vacation, 14 days sick leave. Blue Cross Plan available. Teaching duties only. Opportunity to pursue addditional university courses. Apply to: Director of the School of Nursing, Cooper Hospital, Camden, N.J.

DIRECTOR OF NURSES: See our advertisement at end of this section. Important. Woodward's.

DIRECTORS OF NURSING: (a) Dir. of nursing service & school and also ass't dir, 275 bed hosp, coll school, women with Master's Degrees, exp. in collegiate prog, pref, coll town, NW. (b) Fairly lge gen'l hosp, 170 students, interesting city outside US, altho tropical country, mild pleasant climate. (c) Gen'l hosp, currently under construction, 250 beds gradually increasing to 700, pref, one available soon, attrac. city, near Coast, SE. $8000. (d) One of leading hospitals, So. Calif. (e) Nursing service, gen'l hosp, 350 beds, NEng. $6000-$8000. (f) Nursing service, new 7½ million dollar hosp, unit university grp, West. (g) Beautiful new TB hosp, univ. town, MW. $6500, mtce. RN 4-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

FACULTY POSTS: (a) Dean, graduate school, pref. one with doctoral degree. (b) Ed dir and nursing arts instructor, new hosp, unexcelled working, living conditions, coll. town, N. Car. (c) Assoc. professors in ob, ped, com. diseases, clinical instruction, new prog. state univ. (d) Ed dir, gen'l hosp, New Eng. $5500-$6600. (e) Ped, ob and nursing arts instructors, beautiful 350 bed hosp., students mostly orientals, outside US, mild pleasant climate. (f) Clinical instructor in OR, San Francisco area. (g) Ed. Directors for Iran, Iraq, Eritrea, instructors in ped. for Brazil, India, psy for Brazil, ped & ob for Guatemala, public health & TB for Panama. RN4-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

FACULTY POSTS: See our advertisement at end of this section. Important. Woodward's.

[Turn the page]

GENERAL DUTY: 40 hr wk, 84 bed hospital, finest equipment, very liberal personnel policies and pleasant working environment. Must be willing to rotate shifts. Salary range $277 to $360 monthly. Atomic Energy Project but not Civil Service. Write Director of Nursing Service, Los Alamos Medical Center, Los Alamos, N.M.

GENERAL DUTY NURSE: Wanted at Northern Inyo Hospital, Bishop, Calif.

GENERAL DUTY NURSES: Attractive, new, modern 40 bed hospital with modern residence. 3 hr. drive from Birmingham, Ala., & Memphis, Tenn. on Hwy #78. Ideal healthful climate with brief, cool winters. Salary: 7-3, $200 mo; 3-11, $210 mo.; 11-1, $205 mo., all with complete maintenance. Permanent positions available. Apply Mrs. Robert Black, R.N., Superintendent of Nurses, Lister Hill Hospital, Hamilton, Ala.

GENERAL DUTY NURSES: 5 day week, 3 week vacation, 7 paid holidays, paid overtime, liberal sick leave and hospitalization benefits, attractive living quarters, modern well-equipped 210 bed hospital. Salary starts at $230 a month. Rotating shifts. Pleasant New York City suburb, 35 minutes from Grand Central Station. Contact Director of Nursing Service, White Plains Hospital, White Plains, N.Y.

GENERAL DUTY NURSES: For 76 bed general hospital in university town. Prevailing salaries paid. Full maintenance available. Redlands Community Hospital, Redlands, Calif.

GENERAL DUTY NURSES: 100 bed hospital, southern Wyoming community of 12,000. Liberal personnel policies, 40 hr. wk. Starting salary $237.50 with a charge of $22.50 for full maintenance. Additional $10 per mo. for evening and night duty with regular increases. Surgical nurses starting salary $247.50 plus $5 per call after 5 p.m. Nurses' Home recently redecorated and refurnished. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES: For 50 bed general hospital located in southern Colorado. Favorable climate, year around sports, college town. 40 hr. wk., vacation, sick leave, holidays, increases given. Contact Superintendent, Community Hospital, Alamosa, Colo.

GENERAL NURSING SUPERVISOR: Approved hospital (70 beds) School of Nursing, diploma program. Now planning collegiate degree program emphasizing rural public health. Write President, Berea College, Berea, Ky.

GENERAL STAFF NURSES: All services, modern 115 bed hospital. All graduate staff. Good personnel policies. 40 hr. wk. Straight shift, every other weekend. Write Director of Nursing, Mount Sinai Hospital, Hartford, Conn.

GENERAL STAFF NURSES: This is a nice place to work in preferred department of 200 bed general hospital with liberal personnel policies including 40 hr. wk., choice of two schedules, retirement plan, paid hospitalization insurance premium, cumulative 30 day sick leave, pro-rated and progressive vacation, 6 holidays annually, meals at cost, rooms for $20 monthly in residence beautifully located directly on Detroit River and 30 minutes from Detroit. Beginning salary, evenings $304.47-$313.13; nights, $299.47-$308.13; days, $289.47-$298.13. For details write Director of Nursing, Wyandotte General Hospital, Wyandotte, Mich.

GENERAL STAFF NURSES: 250 bed general hospital and 72 bed maternity hospital. Starting salary $280, $5 per month tenure increase for each 6 months of service to a maximum of $310. Social Security, sick leave, prepaid medical and hospital care. $10 additional for afternoon and night shift, $10 additional for delivery room, $20 additional for surgery. Up to 3 weeks vacation at end of 4 years. 7 paid holidays, 8 hr. day, 40 hr. week. Apply to Director of Nurses, Sutter Hospital, Sacramento, Calif.

GRADUATE NURSES: For medical and surgical services, modern 263 bed mid-Manhattan hospital. 5 day, 40 hr. wk. Min. salary $256.66 plus 2 meals, uniform laundry. Eves. $296.66, nights $286.66. 4 automatic annual increases. 4 wks vacation, 12 holidays, sick leave, 12 days per yr cumulative. Soc. Sec., health service, free hospitalization. Opportunities for special assignments, research nursing, bonuses and post-grad. study. Housing agent available. Apply Supt. of Nurses, James Ewing Hospital, 1250 First Ave., New York 21, N.Y.

GRADUATE NURSES: Salary range $3700 to $4200 including meals and laundry, 3 weeks paid vacation, 12 paid holidays, sick leave and pension benefits. $100 increment granted yearly, hourly nurses $1.50 per hour plus meals during working hours. Educational opportunities in immediate vicinity. Apply Director of Nurses, Martland Medical Center, Newark 7, N.J.

HEAD NURSE: For tuberculosis hospital, Monmouth County, N. J. 40 hrs. per wk, vacation and sick leave. 7 miles from seashore, 65 miles from New York. Full maintenance in pleasant living quarters. For further information apply Superintendent, Allenwood Hospital, Allenwood, N. J.

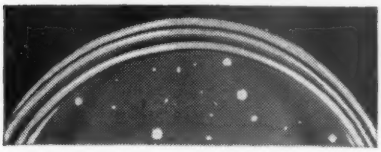
HEAD NURSE-MEDICAL & SURGICAL: 332 bed general hospital with School of Nursing, degree and experience desired. 40 hr wk., liberal personnel policies, living accommodations available, salary commensurate with qualifications, position available immediately. Apply Director of Nursing, Toledo Hospital, Toledo, Ohio

HIGH CALIBER REGISTERED NURSES: We need good nurses interested both in latest scientific therapy and old-fashioned warm care of patients with cancer or allied diseases. Good basic preparation required; learn specialty here. Staff nurses $260-$300 plus evening bonus $50 mo., night bonus $40 mo. Uniforms laundered, paid Blue Cross, Social Security, 4 weeks vacation annually. Inserviced, Columbia University Learn-Earn Program available. Housing agent helps you locate. Write or 'phone Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 East 68th St., N.Y. 21, N.Y.

[Turn the page]

DIAL SOAP with Hexachlorophene
effects 95% reduction in skin bacteria

Photomicrographs show why



With ordinary soap. Even after thorough washing, thousands of active bacteria remain on the skin.

With Dial soap. Daily use of Dial with Hexachlorophene eliminates up to 95% of resident skin bacteria.

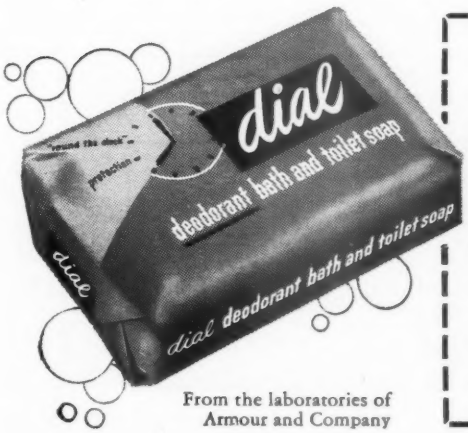
1. *Reduces chance of infection* following skin abrasions and scratches because Dial effectively reduces skin bacteria count.

2. *Stops perspiratory odor* by preventing bacterial decomposition of perspiration, known to be the chief cause of odor.

3. *Protects infants' skin,* helps prevent impetigo, diaper and heat rash, raw buttocks; stops nursery odor of diapers, rubber pants.

4. *Helps skin disorders* by destroying bacteria that often spread and aggravate pimples, surface blemishes.

You know, of course, the remarkable antiseptic qualities of Hexachlorophene soaps, as documented in recent literature. Dial was the first toilet soap to offer Hexachlorophene content to the public. You can safely recommend Dial. Under normal conditions it is non-toxic, non-irritating, non-sensitizing. Furthermore, Dial Soap is economical, and widely available to patients everywhere.



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INDUSTRIAL, OFFICE: (a) Indus nursing consultant, ind. or PH exp. desired, considerable travel, MW. (b) Nursing consultant by surg. supply co, considerable travel in East, largely N. Eng., duties include training sales people. (c) RN qualified take complete charge, business office, three radiologists, lge city, MW. RN 4-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

INSTRUCTOR: Medical or Surgical Nursing Arts. Classroom teaching and Floor Supervision. Degree required, experience preferred. Apply Dean, Knapp College of Nursing, Santa Barbara, Calif.

MALE NURSES: (a) Staff nurses, foreign operations, leading undus. co. (b) Indust. nurse qual x-ray, MW. RN 4-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

NURSE ANESTHETIST: Position open, excellent opportunity. 275 bed hospital. Apply Robert M. Murphy, Administrator, Lima Memorial Hospital, Lima, Ohio

NURSE ANESTHETIST: Approved hospital near Detroit. $475 per mo. Overtime after 40 hrs. per week. Living quarters available. Wyandotte General Hospital, Wyandotte, Mich.

NURSE ANESTHETIST: New 150 bed hospital, ideally located on Lake Erie. Excellent working conditions. Apply H. A. Taggett, M.D., Anesthetist, Ashtabula General Hospital, Ashtabula, Ohio

NURSE ANESTHETIST: Needed for 87 bed general hospital. Salary open depending on qualifications. Full maintenance allowed. Also needed are general duty nurses (straight shift) salary $230 beginning with complete maintenance and single room in nurses' home. Apply Supt. Memorial Hospital, Rawlins, Wyo.

NURSE ANESTHETISTS: Two, to fill vacancies which will be created very shortly. Good salary, good working conditions. Apply Chief, Anesthesia Department, The Mercer Hospital, Trenton, N.J.

NURSE SUPERVISORS: For both 3 to 11 and 11 to 7 shifts. Must be registered nurse with some supervisory experience and able to carry responsibility for 150 bed hospital on shift to which assigned. 40 hr. wk., vacation and sick leave granted. Salary open. Apply Administrator, Robinson Memorial Hospital, Ravenna, Ohio

NURSES: General Duty, Operating Room and Assistant Director of Nurses for 150 bed hospital. Apply to Director of Nurses, St. Mary's Hospital, West Palm Beach, Fla.

NURSES: Psychiatric registered nurses, head nurses, supervising nurses, psychiatric nursing instructors (men and women) for State Hospital. Immediate assignment for areas where student affiliate nurses will be assigned. Salaries ranging from $3360 to $5040, opportunities for advancement, excellent retirement and insurance plan, 40 hr. work week, full maintenance only $38 per mo. Working conditions meet approved minimum employment standards of Illinois State Nurses' Association. Write Dr. R. C. Steck, Superintendent, Anna State Hospital, Anna, Ill.

NURSES: Opportunities to graduate nurses for general duty, newborn nursery and operating room. Minimum $260 monthly ($1.50 hr.) with 10% premium paid for evenings, nights and weekends. Weekly pay period. Periodic rate adjustments after 6 mos., then annually. New modern 237 bed general hospital. Being located on Long Island Sound and only 28 miles from New York City, recreational facilities are unlimited for leisure hours or vacations. Liberal personnel policies: 5 day, 40 hr. wk., 8 paid holidays, paid vacations according to tenure up to 20 working days, accumulative sick leave to 26 wk., paid Blue Cross & Blue Shield insurance and Social Security Benefits. Contact Personnel Department, Greenwich Hospital, Greenwich, Conn.

NURSES: General hospital, 236 beds, new building, modern equipment. 30 miles from New York City. Liberal personnel policies. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

NURSES: Connecticut co-ed camp. Excellent conditions and salary. Box BC-1 c/o R.N. Magazine, Oradell, N.J.

NURSES: How would you like to practice nursing from July 3rd thru August 28th among the aspen and pine trees at a mountain Girl Scout Camp? Requirements: R.N., First Aid Training, 21-35 yrs. Salary $175. Write Mrs. D. E. Mayhugh, 329 Davis, Pueblo, Colo.

[Turn the page]

A Beech-Nut agricultural expert inspects squash grown under contract for Beech-Nut Strained and Junior Foods.

Beech-Nut Control starts *in the field* to safeguard Baby's Food

Baby Foods are more than a business . . . they are a *cause* to which Beech-Nut is dedicated.

The Beech-Nut system of quality control starts in the fields and orchards with inspections made by our agricultural experts during growing and at harvest.

Beech-Nut Foods for Babies and our advertising have been accepted by the Council on Foods and Nutrition of the American Medical Association.

Beech-Nut has pioneered in protecting babies against toxic residues from insecticides. It has spent hundreds of thousands of dollars in research and food testing to safeguard babies.

In the Beech-Nut plant our staff of food chemists assures Baby the fine flavors and abundant nutrients he needs for happy mealtimes and healthy growth.

We give you our pledge that no pains are spared to make Beech-Nut Foods the very best that can be offered to the babies under your care.

You are cordially invited to visit the Beech-Nut Baby Food Plant at Canajoharie, N. Y.

NURSES: General Duty, for 30 bed hospital 35 miles from New York. Excellent salary. Apply Administrator, Tuxedo Memorial Hospital, Tuxedo Park, N.Y.

NURSES—GENERAL DUTY & SURGICAL: For 165 bed hospital in residential suburb of Chicago. 40 hr. wk. Cash salary $230 for night duty, $225 evening duty and $215 day duty. $10 increase after 60 days and at regular intervals. $15 differential for surgical nurses. Full maintenance in addition to salary includes single room in new nurses residence plus meals and laundry. Low rental apartments for married nurses. 2 to 4 weeks vacation, 6 holidays. Sick time policy. Free life insurance. Blue Cross hospitalization. Leave of absence with full salary for post graduate study granted to qualified nurses. Write Director of Nursing, MacNeal Memorial Hospital, Berwyn, Ill.

NURSING ARTS INSTRUCTOR & SCIENCE INSTRUCTOR: In approved School of Nursing in 190 bed General Hospital. One class of 25 students admitted yearly, new Nurses Residence with modern teaching facilities. Preperation with degree and teaching experience preferred. Salary open. Liberal personnel policies. Apply Director of Nursing, Bethesda Hospital, Zanesville, Ohio

OBSTETRIC SUPERVISOR: Modern 115 bed hospital. Administrative responsibility for 23 beds and 29 bassinets. Approximately 1000 deliveries yearly. Graduate staff. Advanced preparation and experience required. Write Director of Nursing, Mount Sinai Hospital, Hartford, Conn.

OBSTETRIC-SUPERVISOR INSTRUCTOR: Obstetric experience desired, preferably degree. 250 bed general hospital. Maternity department averaging 900-1000 deliveries. Excellent personnel policies. Accredited hospital and school of nursing. Close to large Metropolitan center in New England. Lowell General Hospital, Lowell, Mass.

OPERATING ROOM NURSES: At Medical Center. Start $270, increases at 6 mos, 1 yr. and 2 yrs, overtime premium pay, paid vacation, 6 paid holidays, sick leave, Social Security, we pay hospitalization insurance, life insurance, retirement annuity. Apply Personnel Director, Rochester Methodist Hospital, Rochester, Minn.

OVERSEAS JOBS: Interested in overseas nursing? Many companies need nurses in their dispensaries and company-owned hospitals. Send $1 for list which includes a large number of companies operating in foreign countries. Satisfaction guaranteed. Len Rathe, Box 26244, Los Angeles 26, Calif.

POSITIONS OPEN: Graduate Nurse I. Present salary $296.46 to $348.64 per mo. for a 40 hr. work week. Open to qualified citizens of the United States. To work with tubercular or psychiatric patients. Annuity and Retirement System for those who qualify therefor. Apply at Milwaukee County Civil Service Commission, Room 206, Courthouse, Milwaukee 3, Wis.

PSYCHIATRIC STAFF NURSE: For a private psychoanalytically oriented hospital, increasing staff to prepare for increase in bed

capacity to 113. In-service program, 18 working days vacation, 15 working days sick leave, evening and night differential. Social Security, beginning salary $300. Apply to Mr. Basil Cole, Personnel Director, The Menninger Foundation, Topeka, Kans.

PUBLIC HEALTH: (a) PH nursing consultants, South America. (b) Nursing director, 2 staff nurses, county dept, fine med. leadership, Calif. (c) Head PH dept, 350 bed hosp. affil. 26 man clinic. Duties: coordinating work with community, teaching, E. (d) Senior PH nurses, min. 2 yrs exp. generalized prog. req. Alaska, $5700. RN4-7 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

PUBLIC HEALTH NURSES: Vacancies in New York City Department of Health. Immediate appointment on provisional basis. Generalized service includes maternal and child care, school health and communicable disease control. Starting salary $3080. 37 hour week, liberal vacation and sick time allowances, pension rights, in-service training. Applicants (except New York State Veterans) must not have reached 36th birthday. Write to Bureau of Public Health Nursing, City Health Department, 125 Worth St., New York 13, N.Y.

QUALIFIED SUTURE NURSES: $275-$315. Opportunity for experience in advanced procedures, assisting leading surgeons in teaching center. Work with top operating room nurses, all modern facilities. 5 day weekly schedule, minimum on-call. 4 weeks vacation, Social Security, paid Blue Cross, other benefits. University-affiliated inservice education plus access all NYC universities. Good basic preparation required; learn specialty here. Housing agent helps you locate. Write or 'phone Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 East 68th St., New York 21, N.Y.

R.N.'S: New 57 bed general hospital. 5 day week with room and board. Write to Mary K. Moloney, R.N., Director of Nurses, Liberty Maimonides Hospital, Liberty, N.Y.

R.N.'S: 10. High salaries, 5 day week, usual holidays and vacation. License by reciprocity obtainable. Apply Joseph O. Smigel, M.D., Medical Director, Pinehaven Nursing Home, Pinewald, N.J.

R.N.'S: Under age 50. Beginning salary $310 per month, $5 longevity increase every 6 mos. for 3 yrs. Retirement plan, sick leave benefits, 11 holidays, 3 weeks vacation, 40 hr. wk. New modern residence. State eligibility for California registration and submit photo to Director of Nurses, Tulare-Kings Counties Tuberculosis Hospital, Springville, Calif.

REGISTERED NURSE ANESTHETISTS: 40 hr. wk., permanent positions open for surgery and 3-11 obstetric departments. Liberal vacation and sick leave policies, Social Security. Overtime pay, extra pay for night duty. Automatic pay increases. No call duty. Apply: Chief Nurse Anesthetist, Harper Hospital, Detroit 1, Mich.

REGISTERED NURSES: For general duty in small modern hospital. Salary $300 per mo., plus full maintenance and uniform laundry for 5 day, 40 hr. wk. Advancing wage scale and vacation with pay. Carson City Hospital, Carson City, Mich.

REGISTERED NURSES: For State Veterans Hospital near Hartford, Conn. Starting salary $3540. annual raises, promotional opportunities, other benefits. Full maintenance at $316 annually. Write Brigadier General Raymond Watt, Commandant Veterans' Home and Hospital, Rocky Hill Connecticut, or Glendon A. Scorboria, State Personnel Director, State Office Building, Hartford, Conn.

REGISTERED NURSES: 27 bed general hospital, Salary $312 per mo, complete maintenance including laundry, meals and room in comfortable nurses' residence at no extra cost. Two weeks paid vacation, retirement plan and other benefits. Apply Lincoln County Hospital, Caliente, Nev.

REGISTERED NURSES: Basic salary $308.65 per mo (includes cost of living adjustment). Yearly raises. Premium for afternoon and night duty. 8 hr. day, 5 day week, 2 consecutive days off. Paid vacations. 7 holidays per year. Accumulative sick time based on length of service. Nurses' Home. Single rooms $15 per mo. and double rooms $10. Cafeteria meals at nominal cost. 4 uniforms laundered weekly without charge. Employees covered under provisions Railroad Retirement Act, which provides for pensions, unemployment and disability. Excellent hospitalization plan. Railroad passes issued based on length

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For indigestion or nausea, Pepto-Bismol is superior to alkalizers and antacids in many important ways. Its unique coating action helps the stomach return to normal without interfering with digestive acids and enzymes and without "acid rebound."

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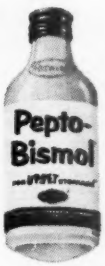

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of service. Current registration in any state or in Canada constitutes eligibility for permit to work in California. Address applications to: Chief Nurse, Southern Pacific Hospital, 1400 Fell St., San Francisco, Calif.

REGISTERED NURSES: Two, for 50 bed tuberculosis hospital in Indiana college town. Excellent salary and working conditions. Complete maintenance, liberal vacation and sick leave. Address applications to Superintendent, Smith-Esteb Hospital, Richmond, Ind.

REGISTERED NURSES: For new 39 bed, northern Wyoming hospital, to rotate shifts. Excellent salary and personnel policies. Contact Superintendent, Campbell County Memorial Hospital, Gillette, Wyo.

REGISTERED NURSES: For general duty and supervisors in modern 58 bed hospital located in beautiful resort area on the shores of Lake Michigan. Excellent salaries with liberal personnel policies. $15 differential for 3-11 and 11-7 shifts. Apply Director of Nurses, The Grand Haven Municipal Hospital, Grand Haven, Mich.

REGISTERED NURSES: For new 144 bed hospital located in a friendly city of 93,000 at the gateway to Michigan's summer and winter resort areas. Staff and charge positions open. Salaries dependent upon educational background and experience with a minimum of $260 to $320 per mo. Monthly differential of $20 for afternoon duty and $15 for night duty. 40 hr. wk. Excellent personnel policies. Opportunities for advanced professional education. Accommodations available in the immediate vicinity. Personnel Director, St. Luke's Hospital, Saginaw, Mich.

REGISTERED PROFESSIONAL NURSES: For supervisory, educational and general staff positions. Liberal personnel policies. 40 hr. week. Differential salary for evening, nights and operating room. Social Security. Christ Hospital, 176 Palisade Ave., Jersey City, N.J.

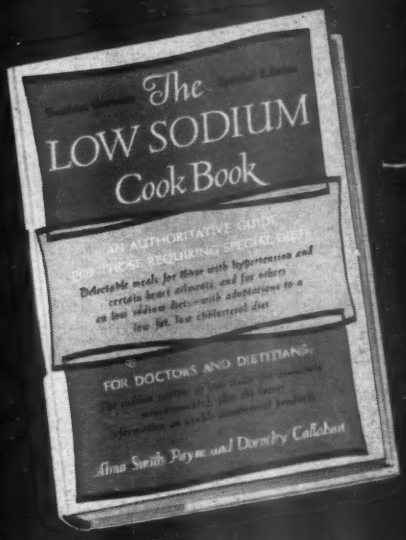
SCHOOL, STUDENT HEALTH: (a) Student health liberal arts coll, Sept. '55, So. (b) Social director, new 700 bed hosp, fine facilities, coll. school, E. (c) School nurse, direct prog, suburban town, 10 mo. yr, MW. RN 4-8 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

STAFF NURSES: For 45 bed general hospital, completely remodeled and new equipment. 44 hr. week. Starting salary $250 up. Good working conditions. Liberal personnel policy. Apply Administrator, Coon Memorial Hospital, Dalhart, Tex.

STAFF & OPERATING ROOM NURSES: New 104 bed general hospital. Latest equipment, ideal location banks of St. Joseph River, heart of fruitbelt, Lake Michigan shores. Living accommodations available. Jr. College in area. 2 hrs from Chicago. 40 hr. week, basic salary $234, shift bonus, good personnel policies, friendly community. Details write Nursing Director, Memorial Hospital, St. Joseph, Mich.

STAFF NURSES-OPERATING ROOM NURSES: For modern 650 bed tuberculosis hospital affiliated with Western Reserve University and

REPEAT OFFER !



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Nearly 500 pages of useful information, including:

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- *how to follow doctor's instructions.*
- *how to accommodate the family to the diet.*
- *cooking with wines, herbs and seasonings.*
- *how to prepare meats, chicken, fish, vegetables, sauces, salads and salad dressings for the low sodium dieter.*
- *how to bake breads and desserts with low sodium substitutes.*
- *use of home freezer for the dieter.*
- *how to pack a low sodium lunch box.*
- *how to "eat out" on the diet.*

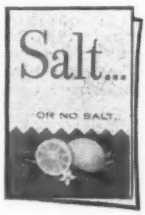
**By Alma Smith Payne and Dorothy Callahan, research dietitian, Massachusetts General Hospital, with introduction by Francis L. Chamberlain, M.D., M.Sc.D.*

Last year, Sunkist made a special offer of The Low Sodium Cook Book—the widely-approved, practical guide to make saltless meals appetizing and interesting.

The offer proved so popular it is being repeated for a limited time. Once again, the book, sold in stores for $4, is available through Sunkist in a special $1.25 edition.

This edition is the same book with two exceptions: it has a paper cover instead of cloth and an *added* section on fresh lemons as a seasoning.

Free handy diet booklet! "Salt or No Salt," for distribution to patients on low sodium diets, is available from Sunkist. Please use coupon, and specify quantity. *You need not order The Low Sodium Cook Book to get these booklets.*



Sunkist
FRESH LEMONS

Doctors tell us that lemons—as a seasoning substitute for salt—help solve the vexing problem of keeping low sodium patients on their diets by making unsalted food palatable and interesting.

You and your patients are invited to write for copies of the complete and authoritative guide to tasty low-salt menus at the special price while the limited supply lasts.

Sunkist Growers
Section 9604, Terminal Annex
Los Angeles 54, California

Please send me postpaid_____copies of The Low Sodium Cook Book. I enclose $_____. (Send $1.25 for each copy. Sorry, no C.O.D.'s. Send money with order. Postage prepaid in U.S. and Canada only.)

Please send me free_____copies of handy diet booklet. (No Cook Book order required.)

Name_____

Street Address_____

City_____ Zone____ State_____

approved by joint commission on accreditation of hospitals. 40 hr. week, 5 days. Salary $293 to $323 with automatic increases. Full maintenance available at minimum rate. Housing for two or more nurses. Advancement for eligible applicants. Meets approved minimum employment standards of the State Nurses' Association. Apply to Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio

STAFF & SURGICAL: (a) New 300 bed hosp, air base, Calif. (b) Staff & surg, Japan, 2 yr contract. (c) Staff, new TB hosp. $280-$385, MW. (d) Staff, small gen'l hosp, coastal town, Alaska. (e) New 100 bed air-conditioned gen'l hosp, resort town, Florida, RN 4-9 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERVISOR: Central Supply Room. 350 bed well-equipped teaching hospital, located in city with good shopping and entertainment facilities. Transportation available at the door. Responsible for care of equipment, supplies and sterilization. Supervision and instruction of non-professional personnel in department. Good personnel policy. For further details write Director of Nurses, St. Vincent's Hospital, Indianapolis, Ind.

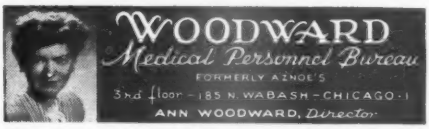
SUPERVISOR OF OPERATING ROOM: 60 bed private hospital, 6 miles north of Boston on seashore. Complete charge of permanent staff of four operating room nurses, Liberal Personnel policies, salary open. No teaching. Box WCH-1 c/o R.N. Magazine, Oradell, N.J.

SUPERVISORS: (a) OR, OB, ped. & psy, beautiful hosp. building prog. recently completed, resort city, Florida. (b) Central service, new dept, 250 bed gen'l hosp, univ town, E. (c) OR, new air-conditioned dept, 300 operations monthly, children's hosp, outstanding staff, medical center, min. $5000. (d) OB, new 100 bed hosp, coastal town, Pac NW. (e) Various depts, Japan, 2 yr contracts. (f) OR, 325 bed gen'l hosp, short distances 2 universities, vic. NYC. $5000. (g) All depts, new 250 bed gen'l hosp, completion July, key personnel now being appointed, So. RN 4-10 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERVISORS: See our advertisement at end of this section. Important. Woodward's.

SUPERVISORY AND CHARGE NURSES: For key positions in new 144 bed hospital in a city of 93,000 at the gateway to Michigan's summer and winter resort areas. Excellent personnel policies. 40 hr. wk. Starting salaries dependent upon educational background and experience with a minimum of $300 per mo. Monthly differential $20 for afternoon duty and $15 for night duty. Personnel Director, St. Luke's Hospital, Saginaw, Mich.

OUR 58th YEAR



Founders of the counseling service to the nursing profession, serving with distinction over half a century

ADMINISTRATORS: (a) Pref w/psy exp, priv psy hosp, attrac city MidE. (b) Gen hosp 75 bds, 25 bd geriatric unit, to $6500, desirable twn, Texas. (c) To reorg & develop univ nurs curriculum, to $7500, lge univ city, MW. (d) 70 bd Tbc hosp attrac coll twn 50,000, N-central. (e) Gen hosp 75 bds, twn 30,000 nr univ city, SW. (f) New 30 bd gen hosp open June, attrac twn, MW. (g) New resident home, 10 bds, pilot grp cerebral palsied adults, cons couple of dept head caliber, lge univ city, E.

ANESTHETISTS: (a) Vol gen hosp 65 bds, approv'd JCAH, attrac resort twn 15,000, New England. (b) Gen hosp 300 bds, attrac univ city, Carolinas. (c) 100 bd gen hosp, excel facil, $550, PAC NW. (d) 70 bd gen hosp open July, twn 10,000, SE. (e) Vol gen hosp 100 bds, resort comm, MW. (f) 150 bd hosp, 7 rm suite, twn 20,000, outdoor sports area, NW. (g) 4 req'd, 200 bd gen hosp, active surg serv, about $7000, twn 30,000 nr univ med ctr, MidE. (h) Teach'g hosp 350 bds, univ city, E.

DIRECTOR OF NURSES: (a) Nurs serv & ed, NLNE accred, coll affil sch, enrol 100, lge gen hosp, to $10,000, MidE. (b) Nurs serv & ed, 71 students, 150 bd gen hosp, to $6000, Texas. (c) Nurs serv, fairly lge gen hosp NYC. (d) Nurs. serv, lge gen hosp open July, to $7000, So. (e) Nurs serv, 80 bd gen hosp, excel med staff, resort twn 15,000, SW. (f) Nurs serv & ed, very lge teach'g hosp,

CALLING ALL GRADUATE NURSES

How would you like to work in the heart of Manhattan?

THE ROOSEVELT HOSPITAL

a voluntary general hospital — with a School of Nursing offers you this opportunity!

Wouldn't you like to be able to choose your own field?

Openings in all services (except Obstetrics) offer you valuable experience in the clinical field of your particular experience!

Why not enjoy these benefits offered by Roosevelt?

SALARIES—begin at $250 per month, without experience; increments start after first six months and continue annually.

BONUSES—$40 for evening and $20 for night duty.

ALSO—four weeks vacation . . . two working weeks sick leave . . . social security . . . free laundry . . . hospitalization and Health Services . . . legal holidays . . . plus other attractions!

APPLY TO DIRECTOR OF NURSING

Roosevelt Hospital, Dept. N, 59th Street West, New York City

Tel. Judson 2-1700, Ext. 474

Keeps babies' skin soft, smooth, supple

Free from irritating hydrocarbons

Will not stain or turn rancid

Johnson & Johnson

Woodward, cont'd.

to $9000, univ city, E. (g) Nurs serv, 120 bd vol gen hosp, 2 yrs old, lovely twn 40,000, SE. (h) Nurs serv & ed, 450 bd gen hosp, about $6000, San Francisco area. (i) Nurs serv & ed, 400 bd teach'g hosp, SE. (j) Nurs serv only, JCAH apprv'd 50 bd gen hosp, res suburb univ med ctr, E. (k) Nurs serv only, MS Pref, 250 bd TBc hosp, to $6000, full mtce, E.

FACULTY POSTS: (a) Ed dir, potential 200 students, lge teach'g hosp, to $6600, E. (b) Dean, coll sch of nurs, full faculty rank, Pac NW. (c) Asst ed dir, 500 bd univ hosp, desir city, So. (d) Nurs educator, coll affil sch, faculty rank, 200 bd hosp, min $6000, attrac twn nr univ city, MidE. (e) Instr in ped, ob & ph, lge univ hosp, univ city, So. (f) Instr qual ped or ob, 26 mo collegiate nurs prog, enroll approx 500, to $4800 for 10 mo term, attrac resort twn 35,000, MidE. (g) Science instr, 45 stud, 250 bd gen hosp, attrac twn 40,000, MW. (h) Clin instr in ob nurs, lge teach'g hosp, univ city, So.

MISCELLANEOUS: (a) RN to have full chge electroloysis ofc, will tch, MW. (b) Sales consultant, noted surg supply house, cons travel, NE states, sal & expenses. (c) W/int ob, by MD in attrac Iowa twn, 550 deliv. pr yr, some teach'g, oppty secure deg.

OFFICE, CLINIC, SCHOOL: (a) Clinic, mainly indus cases, SW. (b) Office, pref w/knowl lab work, attrac resort twn, Fla. (c) School, 28 bd inf, 6 RNs empl, noted women's coll, E. (d) Clinic, outstand'g grp 32 MDs, resort & univ city, SW.

[Turn the page]

She's Smart

...about shoes!

That's why her white shoes look fresher . . . last longer.

She knows white shoes need special attention...white leather is delicate.

She uses two pairs, wears them alternately. White leather, damp from perspiration, weather or cleaning, will deteriorate, crack, stain. The leather should dry naturally—never use sun or heat.

She dries her white shoes on shoe trees or stuffs them with paper to hold their shape, prevent cracking. She knows ether and "dry cleaning" solvents are bad for white leather.

She uses Griffin Allwite because it is *pH7*...neither acid nor alkaline ...contains special leather nourishing ingredients to keep white leather soft and pliable. Griffin Allwite contains no grease to dull its bright clear white and is unsurpassed in resisting rub-off.

She finds Griffin Allwite spreads evenly and quickly, does not streak, look artificial or painted, and makes shoes whiter than new.

Your shoes, too, will look smarter and last far longer with this care. Always use Griffin Allwite.

GRIFFIN ALLWITE

America's Favorite White Shoe Cleaner.

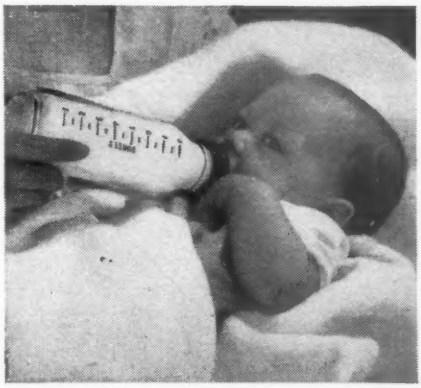
Woodward, cont'd.
PUBLIC HEALTH: (a) Work w/children, 4 schools, res suburb univ med ctr, MW. (b) Field RNs, noted agric area, to $4800, West. (c) Field advisory RN, super cty health dept pers, to $4800 & travel allow, SE. (d) County hlth ctr, 2 other PHNs empl, resort area, MW.

STAFF & SURGICAL: (a) Surg, 100 bd vol gen hosp, Alaska. (b) OR nurse, sm, mod hosp, twn 30,000, res suburb univ med ctr, MidE. (c) Staff, all depts, 700 bd gen hosp, med sch affil, desir city, So. (d) Staff, 30 bd gen hosp, excel facil, Alaska. (e) Staff, new univ hosp, oppty continue studies, Calif.

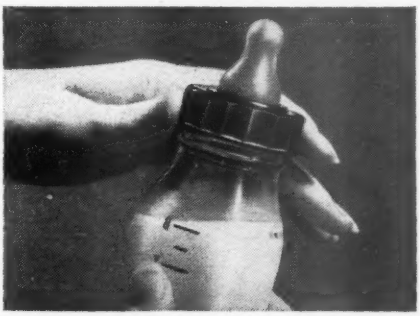
SUPERVISORS: (a) OR, 500 bd teach'g hosp, lge univ. city, So. (b) Ped, ob & OR, 100 bd hosp open April, twn 30,000, SW. (c) OR, suite 8 rms, active surg serv, 400 bd gen hosp, attrac twn nr NYC. (d) OB, lge unit, duties incl teach'g, 200 bd gen hosp, to $5400, univ med ctr, MW. (e) OB, 300 bd fully apprv'd gen hosp, attrac coll city, So. (f) OR, admin abil req'd, suite of 8 rms, vol gen hosp 300 bds, Calif. (g) OR, air cond suite 10 rms, 400 bd teach'g hosp affil noted med sch, E.

PLEASE SEND FOR AN ANALYSIS FORM SO WE MAY PREPARE AN INDIVIDUAL SURVEY FOR YOU. We offer you our best endeavors—our integrity—our 50 year record of effective placement achievement.
STRICTLY CONFIDENTIAL

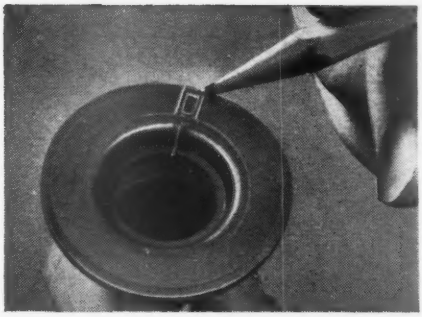
Important Message to Baby Nurses with Bottle-Fed Patients



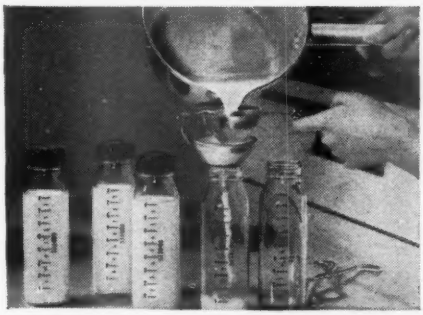
WHEN BOTTLE-FEEDING IS INDICATED for your brand new baby patients . . . you'll want to recommend the most modern method of bottle nursing. That's the Davol "Anti-Colic"* Nurser . . . the one Nurser that can actually be "regulated" to suit each baby's individual feeding speed.



THE PRINCIPLE IS SIMPLE! Just a twist of the "regulator" collar *speeds up or slows down* the flow of formula, so that each baby can feed as fast or slowly as her little appetite demands. *And* the Davol "Anti-Colic" Nurser works equally well with a thick or thin formula.



GOOD NEWS IN THE NIPPLE, TOO. The Davol Nurser features the famous, "Anti-Colic" Nipple which makes "regulated" baby-feeding possible. Exclusive one-way air vent permits air to enter bottle . . . prevents formula from leaking. Also greatly reduces air-swallowing.



FEATURES MOTHERS FAVOR. Bright blue ounce-markings to insure accurate measuring! The square, easy-to-hold, easy-to-clean bottle! Easy to assemble, too: Nipple and collar require little handling, slip easily into position, thus reducing possibility of contamination.

*T. M. REG. U. S. PAT. OFF.

Made by the World-Famous Davol Rubber Company, Providence 2, R. I.
Manufacturers of Fine Surgical and Hospital Rubber Goods for 81 years.

enriched bread in *Obesity Management*

DIET organization in anti-obesity management must be based on the nutrient and energy values of the foods allowed, on the eating satisfaction they provide, and on their cost. Enriched bread merits a prominent place in reducing diets. While it supplies notable quantities of essential nutrients, it yields only moderate amounts of nutrient energy. At the same time, bread is universally appealing to the palate, and its cost remains low.

The daily allowance of enriched bread in the reducing diet may vary from one to six slices. One regular slice of enriched bread provides only 63 calories, but supplies these notable amounts of essential nutrients (based on national average): 2.2 Gm. of protein, 0.06 mg. of thiamine, 0.6 mg. of niacin, 0.04 mg. of riboflavin, 0.7 mg. of iron, 23 mg. of calcium, and 21 mg. of phosphorus. Its protein, a composite of flour and milk proteins, is applicable to growth as well as tissue maintenance.

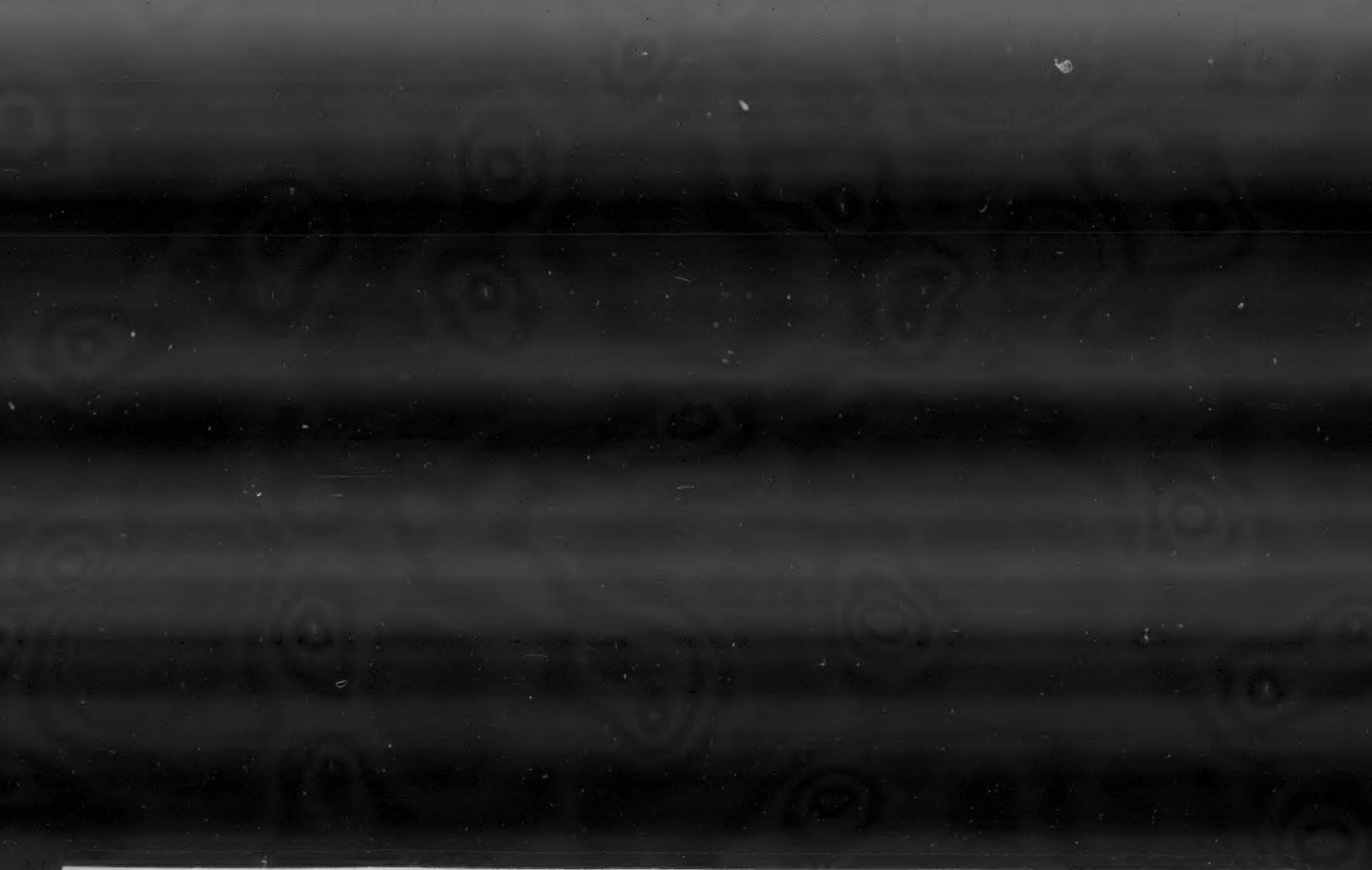
Universally liked, enriched bread enhances the eating satisfaction provided by the reducing diet. It blends well with all menus, lessening the hardship of dieting.

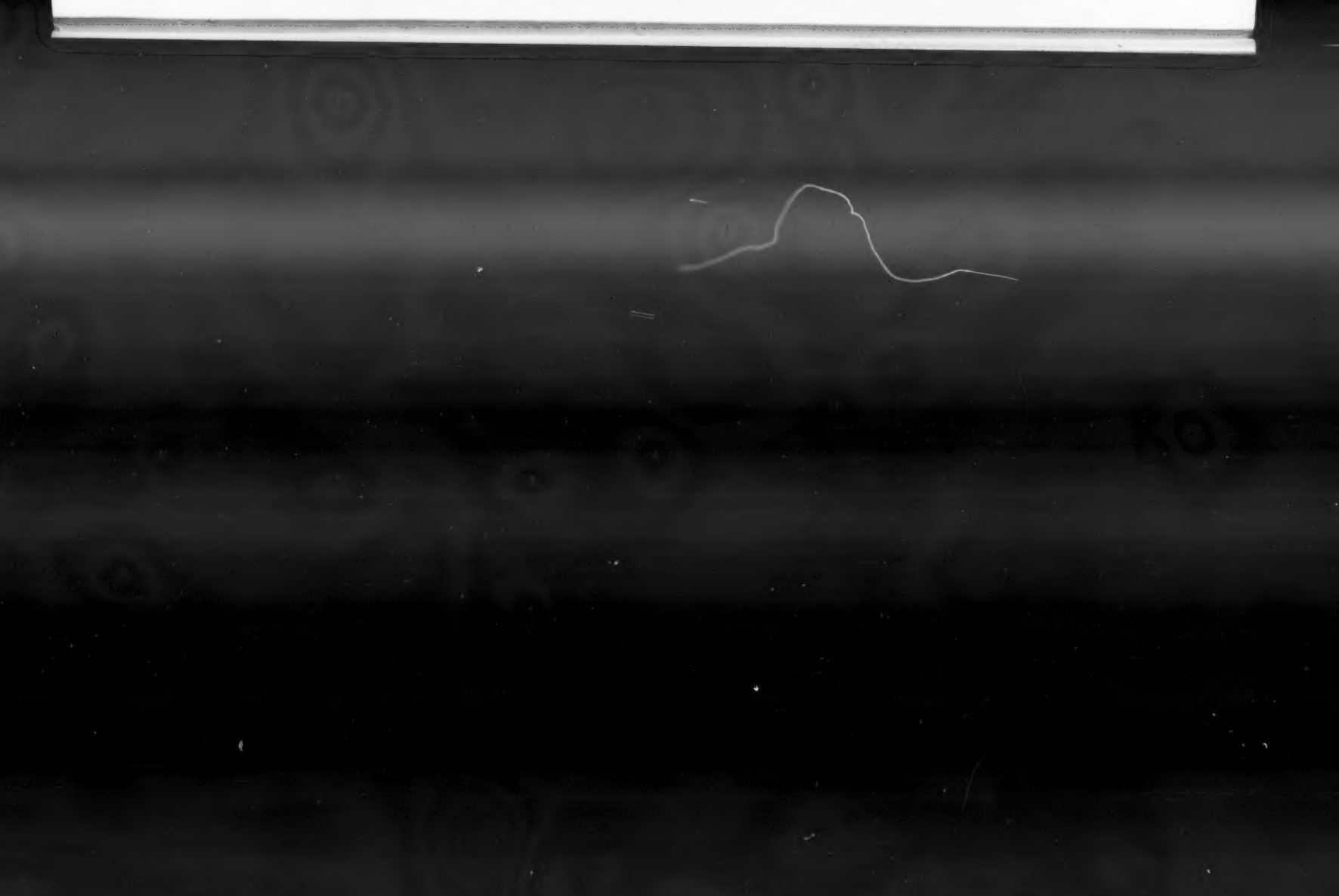
ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association

AMERICAN BAKERS ASSOCIATION

20 NORTH WACKER DRIVE • CHICAGO 6, ILLINOIS





FOR SELF-ADMINISTERED INHALATION ANALGESIA

ACCEPTED
COUNCIL ON PHARMACY AND CHEMISTRY
AMERICAN MEDICAL ASSOCIATION

"Trilene"®

Brand of trichloroethylene U.S.P. (Blue)

ACCEPTED
COUNCIL ON PHYSICAL MEDICINE AND REHABILITATION
AMERICAN MEDICAL ASSOCIATION

"Duke"® University Inhaler

No. 3160 Model-M

in obstetrics and minor surgery

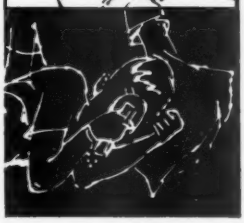
notably safe and effective

"Trilene," self administered with the "Duke" University Inhaler, under proper medical supervision, provides highly effective analgesia with a relatively wide margin of safety. Induction is usually smooth and rapid with minimum or no loss of consciousness. If unconsciousness occurs, inhalation is automatically interrupted. Nausea and vomiting seldom occur. Recovery is rapid.

"Trilene" is now accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

convenience of administration

The "Duke" University Inhaler (Model-M) is specially designed for economy, facility of handling, and ready control of vapor concentration. The patient treated on an ambulatory basis in the physician's office or the hospital can usually leave within 15 to 30 minutes.



The "Duke" University Inhaler is now accepted by the Council on Physical Medicine and Rehabilitation of the American Medical Association.

"Trilene" alone is recommended only for analgesia, not for anesthesia nor for the induction of anesthesia. When using "Trilene" in conjunction with anesthetic agents (as an analgesic adjunct), standard machines may be employed provided they are adjusted so that "Trilene" *is not used in a closed circuit with soda lime.* Epinephrine is contraindicated when "Trilene" is administered.

"Trilene" is available in 300 cc. containers, 15 cc. tubes, and 6 cc. ampuls.

Ayerst Laboratories make "Trilene" available in the United States by arrangement with Imperial Chemical (Pharmaceuticals) Limited.

Ayerst Laboratories • New York, N. Y. • Montreal, Canada

Ayerst

5515

BETTER TOLERATED SALICYLATE THERAPY

For Headache, Neuralgia, Minor Aches and Pains
BUFFERIN® because...

1. It gives fast pain relief—acts twice as fast as aspirin.[1]
2. Even large doses seldom cause gastric upsets.[2]

For Arthritis—and Other Rheumatic Disorders
BUFFERIN because...

1. It provides effective, better-tolerated relief of pain.
2. There were no gastric upsets with BUFFERIN in 70% of hospitalized arthritic patients who couldn't tolerate aspirin.[3] This is an important finding, for arthritics are 3 to 9 times as susceptible to gastric upsets with straight aspirin as the general population.[3]
3. The antacid ingredients do not lower the blood salicylate levels as sodium

BUFFERIN contains acetylsalicylic acid (5 gr. per tablet), for prompt analgesia, plus magnesium carbonate and aluminum glycinate.

Available—bottles of 12, 36, 60 and 100 tablets.

References: 1. J. Am. Pharm. Assoc., Sc. Ed. 39:21 (Jan.) 1950. 2. Ind. Med. 20:480 (Oct.) 1951. 3. In Press. 4. J.A.M.A. 141:124 (Sept. 10) 1949.

WHENEVER SALICYLATE THERAPY IS INDICATED
BUFFERIN® Acts Twice as Fast as Aspirin Does Not Upset the Stomach

BRISTOL-MYERS CO.,
19 W. 50 St., New York 20, N. Y.